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The Prevalence of Domestic Violence in California

By Alicia Bugarin

Requested by Assemblymember Rebecca Cohn

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EXECUTIVE SUMMARY

While domestic violence is understood to be widespread across the United States and in California, its full effects on individuals, families and society, and on health care, social services and law enforcement, are unclear. Variation in the data sources and data collection methods make it very difficult to determine the magnitude and severity of the problem. Although the consequences of domestic violence affect society as a whole, and can continue over generations, information about the nature and scope of the problem is incomplete and inaccurate. For this reason, Assemblywoman Rebecca Cohn requested that the California Research Bureau identify, compile, and analyze all of the various sources of data on domestic violence in California. To do so, we surveyed all domestic violence shelters and programs in California. We describe the results of that survey, and other research, in this report.

Based on year 2000 survey findings of the California Department of Health Women's Health Project, about six percent of California's women (approximately 700,000) have been victims of domestic violence. A 1999 Kaiser Permanente of California telephone survey found that five to 8.5 percent of the plan's members had experienced domestic violence within the last 12 months, and 34.3 percent had experienced it within their lifetime. A Commonwealth Fund 1998 Survey of Women's Health in the United States found disturbingly high rates of violence and abuse rates among women crossing income, ethnic, and geographic lines: nearly two of five women (31 percent) reported violence or abuse in their lifetime. Of those women that experienced childhood abuse, nearly two-thirds (62 percent) of women experienced domestic violence as an adult.[1]

The prevalence data imply that over two-thirds of domestic violence victims in California do not involve law enforcement. About 197,000 domestic violence calls were reported by law enforcement in 2000. There were 51,225 arrests for spousal abuse in the state that year and 12,132 convictions. Domestic violence was the precipitating event in at least 147 homicides, although the number was probably higher since law enforcement officials sometimes do not identify the precipitating event as domestic violence at the outset.

Victims of domestic violence come from all socioeconomic classes and ethnic groups, although the poor probably suffer most. A disproportionate number of persons in domestic violence shelters are persons who have limited education, no insurance, children, and no job of their own. Often they depend on their spouses for the day-to-day necessities and do not have the resources to leave or support themselves and their children. Children suffer deep and lasting emotional problems and may continue the violent cycle by abusing their partners. Family violence contributes to many social, educational and health problems in the United States.

INTRODUCTION

WHAT IS DOMESTIC VIOLENCE?

Domestic violence encompasses a spectrum, and often a pattern, of behaviors that include physical, sexual, verbal, emotional, and psychological abuse, and/or economic control, as used by adults or adolescents against their current or former intimate partners in an attempt to exercise power and authority.[2] These actions can have a destructive, harmful effect on individuals, their families, and the community. The Bureau of Justice estimates that "90 to 95 percent of domestic violence victims are women."[3] However "domestic violence also can occur against men and in homosexual as well as heterosexual relationships."[4]

In 1945, the California Legislature defined domestic violence as a crime: "any husband who willfully inflicts upon his wife corporal injury resulting in a traumatic condition… is guilty of a felony…"[5] However, not until the early 1970s was violence against women viewed as a serious social problem, in part because of the Women's Movement.[6] Section 124250 of the California Health and Safety Code defines domestic violence as follows:

> The infliction or threat of physical harm against past or present adult or adolescent female intimate partners, and shall include physical, sexual, and psychological abuse against the woman, and is a part of a pattern of assaultive, coercive, and controlling behaviors, directed at achieving compliance from or control over, that woman.

Although Section 124250 of the Health and Safety Code excludes men from its definition of victims, law enforcement professionals, health care providers, domestic violence shelters, and others in the field recognize that men also can be victims of domestic violence, in both heterosexual and homosexual relationships.

Penal Code 243.5 (a) defines domestic violence as:

> Any person who willfully inflicts upon a person who is his or her spouse, former spouse, cohabitant, former cohabitant, or the mother or father of his or her child, corporal injury resulting in a traumatic conviction, is guilty of a felony, and upon conviction thereof shall be punished by imprisonment in the state prison for two, three, or four years, or in a county jail for not more than one year, or by a fine of up to six thousand dollars ($6,000) or by both that fine and imprisonment.

Nationally, "domestic violence is a leading cause of serious injury to women, accounting for three times as many emergency room visits as car crashes and muggings combined."[7] Nearly one-third of American women (31 percent) reported being physically or sexually abused by a husband or a boyfriend at some point in their lives, according to a 1998 Commonwealth Fund survey.[8] Husbands or boyfriends battered an estimated three million women in 1988.[9] This makes domestic violence the leading cause of injuries to women ages 15-44 in the United States.[10] Domestic crime against adults accounts for

nearly 15 percent of total crime costs - $67 billion per year - according to a 1996 study by the National Institute of Justice. Health care costs of family violence are estimated in the hundreds of millions each year. Approximately one million women seek medical care for abuse-related injuries in the United States each year.[11] National published data indicates that an additional $1,775 per person (in 1994 dollars) is spent providing healthcare services to patients experiencing domestic violence, as compared to patients who are not.[12] Another study by the Rush Medical Center in Chicago has found that the average cost of medical treatment to abused women, children, and elders is about $1,630 per person per year. This suggests a national annual cost due to domestic violence of about $850 million.

According to the Family Prevention Fund, domestic violence is not limited to a victim's home. The harassment and violence can carry over to the workplace. Domestic violence affects productivity and performance on the job. Over a third (37 percent) of women who have experienced domestic violence report that the abuse has an impact on their work performance, resulting in lateness, missed work, job loss, and missed promotions. Morale issues may arise with co-workers, who must maintain the additional workload. Employers' pay for health care costs associated with family violence and are estimated in the hundreds of millions of dollars each year.[13]

DOMESTIC VIOLENCE AND CALIFORNIA DATA COLLECTION

Domestic violence in intimate relationships is not new. But only relatively recently has this issue surfaced to gain widespread public awareness. This increased awareness may be due to the fact that more incidents of domestic violence are being reported to public agencies and in the press. It may also be partly due to the fact that domestic violence permeates society and does not discriminate by neighborhood, race, or class.

Data documenting incidents of domestic violence is often incomplete, primarily because of the private nature of the problem. Most women who experience domestic violence are reluctant to seek out help, making it an under-reported crime. Women who seek help may contact a doctor, chaplain, the police, a trusted friend, or a domestic violence shelter. These multiple opportunities for assistance and intervention mean that no official tracking system has complete data. For this reason, surveys may currently offer the best means by which to estimate the prevalence of domestic violence.

The National Institute of Justice and the Centers for Disease Control and Prevention jointly sponsored a national telephone survey on violence against women. This National Violence Against Women survey released in 2000, sampled 8,000 women and 8,000 men. This survey found that "physical assault is widespread among American women: 52 percent of surveyed women said they were physically assaulted as a child by an adult caretaker and/or as an adult by any type of perpetrator."[14] Nearly two percent of surveyed women reported that they had been physically assaulted in the previous 12 months.

California's population is more ethnically diverse and younger than that of the U.S. as a whole, and both characteristics are associated with higher rates of domestic violence.

The California Department of Health Services Women's Health Survey provides the best data available on the incidence of domestic violence in the state. Based on the 1998 and 2000 findings from this survey, about six percent of women (about 700,000 women)[15] in California have experienced domestic violence in their homes over a twelve-month period, or three times the national average. When considered over a lifetime, 31 to 34 percent of adult women in California reported experiencing domestic violence at some point in time. California Department of Justice data indicate that only about one third of these cases of violent incidents were reported to law enforcement agencies. This is probably because calls to law enforcement tend to occur when the violence has escalated to a point where a victim is afraid enough to call for law enforcement intervention. An intimate partner killed about 40 percent of women murdered in California in 1999.[16]

Domestic violence victims come into contact with various public and private agencies at different stages of their lives. Some may end up in an emergency room after suffering a serious physical injury. Many others access the health care system, either directly as a result of a domestic violence injury or for unrelated reasons. Others may go to a domestic violence shelter if they have no other place to go. Some may call for help from the criminal justice system, while others wait until it is too late, and there is a homicide. Many domestic violence victims never show up in any of these systems, and others are counted in more than one by police, doctors, and shelters. Each public or private agency keeps its own data system based on internal administrative needs. The data that is collected is inconsistent and incomplete; therefore determining the incidence of domestic violence in California is a complex undertaking. Perhaps of more concern for public policy purposes, no single state agency is responsible for assessing the magnitude or extent of the problems associated with domestic violence in California.

In order to better understand the statewide prevalence of domestic violence, we contacted and surveyed a variety of public and private agencies that provide services to victims and perpetrators. The agencies include domestic violence shelters, health care providers, law enforcement agencies, and the courts and the correctional system. In this report, we summarize our findings.

DOMESTIC VIOLENCE SHELTERS

BACKGROUND

Domestic violence shelters were first established in California communities in the 1970s to offer a safe haven and support for battered women and their children. California Penal Code 273.7 (b) (1) defines a domestic violence shelter as "…a confidential location, which provides emergency housing on a 24-hour basis for victims of sexual assault, spousal abuse, or both, and their families." A person who "…maliciously publishes, disseminates, or otherwise discloses the location of any domestic violence shelter or any place designated as a domestic violence shelter, without the authorization of that domestic violence shelter, is guilty of a misdemeanor." [Penal Code 273.7 (a)].

Currently there are 98 shelters in California that receive state and federal funding through either the Office of Criminal Justice Planning (OCJP) or the Department of Health Services (DHS). Staff at OCJP and DHS estimate that there are about 112 shelters in California, so there are about 14 shelters, which do not receive state and federal funds. Shelters provide an array of social services in addition to emergency shelter housing. These services include 24-hour hotlines, counseling, job training, referrals to medical, drug, and alcohol treatment, legal assistance, childcare, and housing assistance.

Approximately 100 community-based organizations in California offer many of the same services as shelters. They provide some combination of social support and intervention for battered and abused women. These organizations include family support networks, victims' assistance programs, community-based agencies, faith-based organizations, hospitals and emergency centers, health care clinics, and individual doctors, psychologists, psychiatrists, dentists, and many others. Family and friends are often the first line of help and assistance.

Shelter Services

Domestic violence shelters are often part of larger organizations that provide an array of social services to families, either in-house or through referrals to other agencies. However, all shelters operate 24-hour hotlines, which provide information about safe shelter, emotional support, counseling, and referral to a range of services. Shelters assist clients in obtaining restraining orders and financial assistance. They develop client safety plans; make referrals for medical treatment, drug treatment, and mental health services. They also offer parenting and life skills classes, assist with legal advocacy and/or court accompaniment, help with immigration issues, retrieve belongings, provide child care, and assist clients to obtain transportation vouchers, temporary housing, and employment and/or training. Not all shelters offer all of these services. Some shelters contract with other organizations that provide these services. Some shelters have the ability to follow up on the referrals they provide to clients, but that is not required, and most do not.

Shelter staff state that victims' greatest needs, in terms of services, are for housing, financial assistance, and counseling, both when they arrive and when they leave the

shelter. In a San Diego survey, shelter staff said that they regard a domestic violence victim's stay in the shelter as "an important step in showing [the victim] some alternatives and planting a seed that the abuse cycle can eventually be broken."[17]

The general public does generally not know shelter locations, in order to safeguard their clients' safety. Not all individuals requesting shelter are admitted. For example, individuals who have substance abuse, or who have severe mental health problems, or who may live too near to the shelter, or whose aggressor works close to the shelter, are not admitted. Most shelters do not admit males, but some provide men with vouchers for a motel stay. Shelters usually have restrictions about admitting male children over a certain age. Clients are often limited in the number of times they can return to a shelter in a 12-month period of time.

Even with all these restrictions, according to data gathered by the Department of Health Services, 23,388 individuals were turned away (not served) from a shelter in FY 2000 because the shelter was full.[*18] In San Francisco, four of five battered women were turned away from shelters due to lack of space, according to a 1993-1994 analysis.[19] The California Research Bureau (CRB) survey presented in this report found that 4,970 individuals were turned away in FY 2000 by the 11 shelters that responded to this question. The reasons mentioned for turning people away were: substance abuse, severe mental illness, living too close to the shelter (or the perpetrator working too close to the shelter), or homeless but not due to domestic violence.

Funding

Most domestic violence shelters in California receive funds from the Department of Health Services (DHS) and/or the state Office of Criminal Justice Planning (OCJP), along with a variety of other funding sources, including important local support. Of the 98 domestic violence shelters funded by DHS and OCJP, 12 receive funding from DHS only, eight receive only OCJP funding, and the rest receive funding from both sources. OCJP funding comes from a combination of federal Violence Against Women Act (VAWA), Victims of Crime Act (VOCA), Federal Health and Human Services (HHS) and state funds. DHS-funded shelters received state General Funds, which provide program grantees with more flexibility to expand and create new services to meet individual client needs.

The two state agencies issue separate grant applications ("requests for proposals or requests for applications") and begin and end their grant cycles at different times. OCJP funds are granted on a cycle determined by the Federal Fiscal Year (October 1-September 30), while the DHS funding cycling follows the State Fiscal Year (July 1 through June 30).

[*] Data gathered by DHS from data submitted by domestic violence shelters.

The two agencies also have different data reporting requirements for the shelters they fund. Due to federal requirements, OCJP requires its domestic violence program grantees to offer a minimum of 14 services[†] to their clients.

About 100 community-based domestic violence programs do not receive federal or state funds. They are supported by a variety of private grants, donations, and county funds. County funds are allocated from marriage license fees, as authorized by Section 18305 of the Welfare and Institutions Code and Sections 26840.7 and 26840.8 of the Government Code. Counties can collect $23 in addition to the basic fee for a marriage license. Of this amount, four dollars is to be used, to the extent feasible, to develop and expand domestic violence centers that target underserved areas and populations.

Shelter Data Collection

The domestic violence shelters funded by DHS and OCJP maintain information on the number of calls they receive through their hotlines, and the type of services that victims receive or are referred to. Some shelters maintain information on the demographic characteristics of their clients, while others report that they do not. According to OCJP, all domestic violence shelters are required to gather and report demographic information. Shelters do not collect information on the circumstances of the violence. Most shelters do not have tracking systems to find out what happens to their clients after they leave the shelter. There is no follow-up, for example, to find out about the types of injuries or if medical care was provided.

The sophistication of the data collection varies from shelter to shelter. Although OCJP has provided grant funding to shelters to purchase computers for data collection purposes, some OCJP-funded shelters do not have staff with the necessary technical skills to maintain the computerized systems. According to the CRB shelter survey, about the same number of shelters use computerized data collection systems as use manual systems, and many use both—probably not an efficient way to gather and store data. Shelter comments described on page 20, suggest that state agency data requirements can be duplicative, time consuming, and impractical.

Shelters are staffed by a mix of full-time and part-time paid staff and volunteers, who have a range of education and skill levels. Most shelters have high staff turnover, which contributes to the challenges of serving clients while maintaining the data collection required by funding organizations.

State law requires DHS and OCJP to coordinate their shelter site visits, to the extent feasible, and to share performance assessment data with the goal of improving efficiency,

[†] OCJP and DHS have combined counseling and supportive peer counseling into one service. The 13 services that shelter provide are: Twenty-four hour crisis hotlines, counseling, business centers, emergency "safe" homes or shelters for victims and families, emergency food and clothing, emergency response to calls from law enforcement, hospital emergency room protocol and assistance, emergency transportation, supportive peer counseling, counseling for children, court and social service advocacy, legal assistance with temporary restraining orders, devices, and custody disputes, community resource and referral, and household establishment assistance.

eliminating duplication, and reducing administrative costs.[20] Nonetheless, according to the domestic violence shelters, DHS and OCJP require different kinds of information, covering different time frames, from their grantees, greatly increasing bookkeeping responsibilities for shelter staff, and complicating efforts to compare data and compile a complete picture of shelter clients and services. The data requested of grantees by OCJP is required by its federal funding sources.

OCJP - FUNDED DOMESTIC VIOLENCE SHELTERS

The Office of Criminal Justice Planning (OCJP) began funding domestic violence shelters in 1985 under the "Office of Criminal Justice Planning Comprehensive Statewide Domestic Violence Program," as authorized by Section 13823.15 of the California Penal Code.

OCJP originally funded shelters on a three-year cycle, based on a competitive grant process, where shelters applied for funding each year. This process was changed in 1993 to "continual funding," meaning shelters do not compete for funding. However, they still had to apply yearly, and were funded if they met all the application requirements. For the 2001-2002 funding cycle, OCJP changed the grant process to a competitive one again, requiring each shelter to compete for funding. As a consequence, ten shelters were de-funded, creating a significant controversy. The ten de-funded shelters were provided emergency state funding in the amount of $2,000,000 (AB 664, Dutra), the equivalent of one year's OCJP funding. The OCJP grant funding process has again become one of "continual funding."

Table 1
OCJP Funded Shelters Data Summary
For 71 DV Shelters
FY 2000/2001

Objective	Number of People Served
Women Shelter	8,326
Child Shelter	11,181
Crisis Line	156,231
Individual Counseling (Received)	26,509
Individual Counseling (Referred)	9,510
Group Counseling	20,346
Business Center	128,292
Bed Nights	383,154
Food, Clothing (Received)	28,316
Food, Clothing (Referred)	9,075
Emergency Law Enforcement	23,983
Emergency Room	2,747
Emergency Transportation	10,341
Child Counseling (Received)	9,391
Child Counseling (Referred)	3,293
Court/Social Services Advocacy	70,928
Temporary Restraining Order Received	58,110
Temporary Restraining Orders Referred	21,171
Local Referral	101,777
Household Establishment	7,916
Transitional Housing (Received)	1,152
Transitional Housing (Referred)	1,275
New Victims	79,520
Disabled Victim Data	2,667

Source: Office of Criminal Justice Planning.

DHS - FUNDED DOMESTIC VIOLENCE SHELTERS

The Battered Women's Shelter Program (BWSP) in the Department of Health Services was created by Chapter 6, Statutes of 1994 (AB 801, Friedman). The legislation authorized domestic violence services and activities to be delivered through DHS-funded shelters, and authorized demonstration projects and other activities. Chapter 439, Statutes of 2001 (SB 185, Bowen) requires DHS to conduct site visits to each shelter it funds and to provide technical assistance as needed.

Like OCJP, DHS funds shelters on a three-year grant cycle. In the 2000-2003 funding cycle, DHS funded 91 shelters (out of 101 applicants), awarding them grants of $150,000 to $190,000 annually for a three-year period. Seven additional shelters were funded after appeal; two received $100,000 annually for the three-year cycle and the other five each received a one-time, one-year grant of $100,000.

According to DHS, about a third of the shelters report caseload data to the department for each client using the Shelter Information System. The remaining two-thirds of shelters report aggregate data. These two separate accounting systems do not easily mesh. The DHS notes that, "it is difficult to get high quality data from each shelter, maintain client confidentiality and not divert from limited funds needed for the delivery of crucial programs."[21] Many shelters struggle to deliver services and maintain staff, with data collection as a secondary priority. The data provided by DHS can only be as accurate as the data the shelters submit.

In State Fiscal Year 2000-2001, approximately 80,000 women received services at battered women's shelters in California funded by DHS, and about 266,000 people placed calls to shelter hotlines. Over 23,000 domestic violence victims were turned away because shelters were full. (See Table 2 below).[22]

Table 2
Department of Health Services' Funded Shelters
State Fiscal Year 2000-2001

Total Funding	Women Seeking Intervention Services	Men Seeking Intervention Services	Children Accompanied Women Seeking Intervention	Drug/Alcohol Use	Clients Turned Away (Shelter Full)
$15,035,605	79,683	4,649	20,056	5,043	23,388*

Source: Domestic Violence Section of the Maternal and Child Health Branch of the Department of Health Services.
* This total is only from those agencies reporting in the aggregate table data reporting system.

Drug and Alcohol Use

DHS data indicates that about six percent of domestic violence victims seeking shelter services in 2000-2001 used alcohol and drugs, compared to 26 percent of perpetrators. Domestic violence shelter staff contends that the numbers supplied to DHS and OCJP are very unreliable because shelters do not ask victims whether they or the perpetrators used alcohol or drugs; the data is collected only if the victim offers this information on their own. When contacted during this study, shelter staff estimated that drugs and alcohol are involved in at least 50 to 60 percent of their domestic violence cases. This estimate is based on their experience with this population and not based on what the clients volunteered, which is closer to the numbers provided to the state agencies.

CRB DOMESTIC VIOLENCE SHELTER SURVEY

BACKGROUND

Domestic violence victims may enter into official reporting systems at several points, usually through contact with law enforcement, the medical system, or when they seek emergency shelter and/or services. In our review of the data collected by these sources, it became clear that the data collected is uneven, not comparable, and fragmented, making it difficult to understand the prevalence of domestic violence and the types of public policy responses that might be required. Given the high risk that domestic violence victims face for a variety of poor outcomes, ranging from children's problems in school to involvement in the criminal justice system to physical danger, a better understanding of prevalence is important.

For this reason, Assemblywoman Rebecca Cohn requested that the California Research Bureau examine existing data sources and develop statewide data on the prevalence of domestic violence in California. In this section, we discuss findings from a questionnaire that was distributed to 181 domestic violence programs and shelters in California (see Appendix A for a copy of the survey). The 18-question survey was pre-tested with several shelters, and questions were simplified as much as possible to reduce the burden of responding. We sent the survey questionnaire to both domestic violence shelters and community-based programs that offer services to domestic violence victims and perpetrators. The distinction between shelters and programs is not a clear one, as some shelters offer multiple program services and referrals. The main difference appears to be whether they offer private shelter housing or not. Some of the community-based programs only offer homeless shelter (which offers no privacy in one large room with cots). In domestic violence shelters, there is an individual room per family.

We directly contacted the shelters and programs that did not respond to the survey and encouraged them to complete and return the questionnaire. Many shelter and program staff said that they would be unable to complete the questionnaire because they had too many grant applications to write within the next three to four months. One agency was applying for 24 separate grants, and given their workload, our questionnaire was not on their priority list. Our impression, after an intensive effort to encourage the completion of more questionnaire responses, is that many domestic violence shelters and programs cobble together multiple sources of funding, at the cost of considerable staff time and effort, in order to provide services. In this environment, data collection is a secondary priority.

The final survey response rate was 21 percent, with responses from 26 domestic violence shelters and 12 domestic violence programs. The responding shelters are located in counties that are representative of the state geographically and by population. Shelters and programs use different data systems and definitions to keep track of their services and clients, so their responses cannot be aggregated. For that reason, we present their responses separately.

FINDINGS FROM CRB DOMESTIC VIOLENCE SHELTER SURVEY

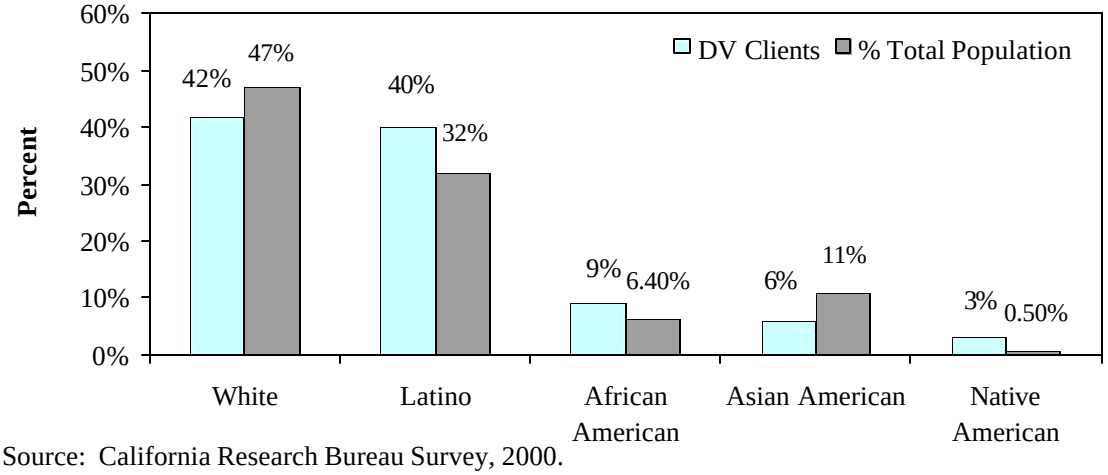
Demographics

The 26 domestic violence shelters that returned the CRB survey served about 33,000 domestic violence victims (men and women) in State FY 2000-2001. Some interesting findings include:

- Of the 42 percent of women with children, 91 percent of their children accompanied them to the shelter (7,861 children).
- About three percent of the women seeking domestic violence services from these shelters in 2000 were seniors. In comparison, about six percent of California's female population was 65 years or older in 2000. Relatively more older women do not have partners and/or live in nursing homes.
- About nine percent of the domestic violence victims seeking shelter services were men, and about 11 percent were gay or lesbian. One responding shelter, located in Los Angeles, reported a significant number of gay and lesbian domestic violence clients, with more male domestic violence victims than female.

Chart 1 below compares the ethnic breakdown of the 33,000 domestic violence victims reported by surveyed shelters in 2000, with the state's 2000 census. Whites and Asian American clients are underrepresented among the shelters' client population, compared to their share of the state's population. This may be an artifact of the areas served by the shelters that responded to the survey. According to data from the National Crime Victimization Survey, the rate of domestic violence in 1994 was essentially the same for Whites (5.4 per 1,000), African Americans (5.8 per 1,000), and Latinos (5.5 per 1,000).[23]

Chart 1
Shelter Clients Ethnicity Compared to Total Share of Population 2000



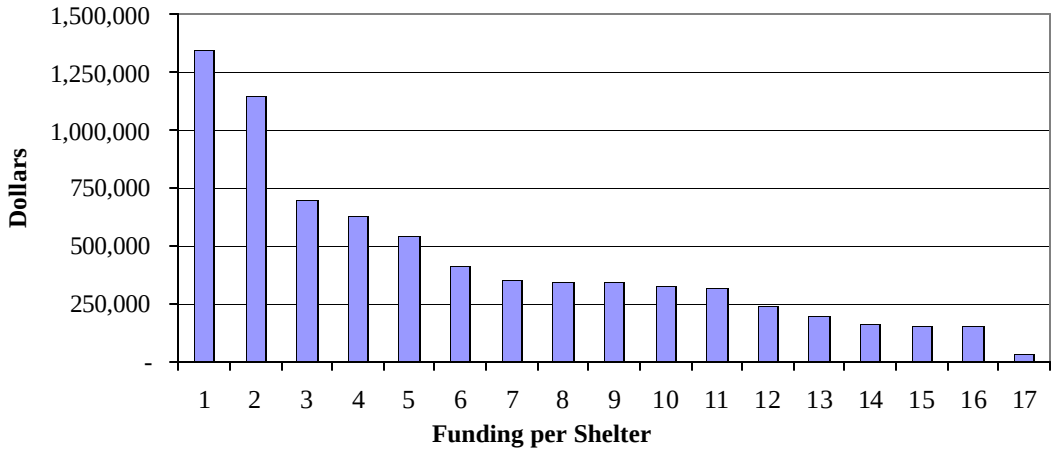
Source: California Research Bureau Survey, 2000.

Funding for Domestic Violence Shelters

Shelters range considerably in size and amount of funding (see Chart 2). The smallest total annual budget of any shelter responding to the survey was $150,000, while the largest budget was approximately $3,000,000. The average total annual shelter budget was $1,231,910, and the median was $910,000. Since budget is somewhat of a proxy for the ability to offer a certain level of services to a given number of people, most shelters are fairly small operations.

Shelters are often part of a larger community-based organization, many of which offer related programs and services, such as assistance for sexual assault and rape, emergency housing, homeless assistance, research and referral, and child and elder abuse programs. Some shelters that responded to our survey included funding for some of these other programs; consequently, some of the funding amounts identified are not only for domestic violence.

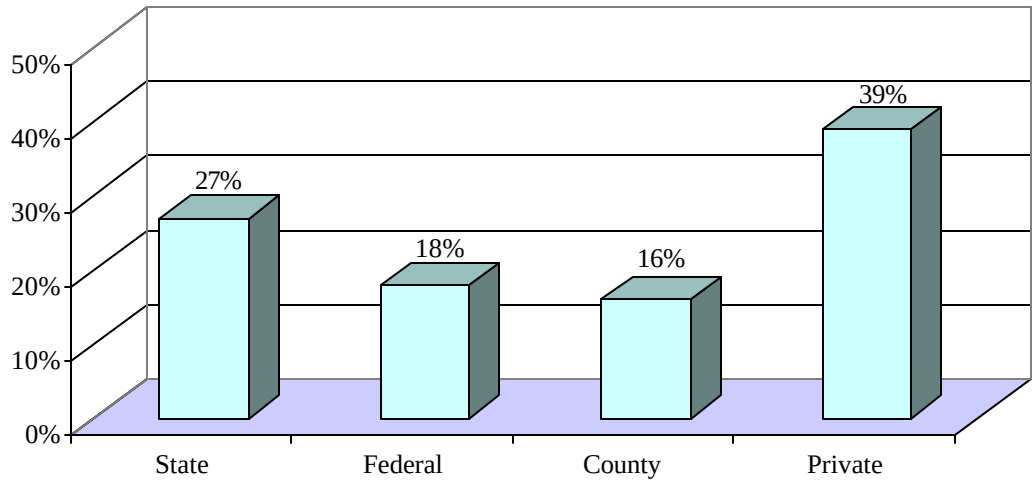
Chart 2
Total Funding for Each Domestic Violence Shelter Responding to the CRB Survey State FY 2000/2001



Source: California Research Bureau.

Domestic violence shelters are funded by a variety of sources. The amount of funding received by shelters does not appear to be a function of the size of the population in the areas they serve (unfortunately we are unable to adjust by the population of the areas they serve, as many shelters simply provided us with countywide population figures). For example, the shelter reporting receiving the most state funding for domestic violence services was located in Trinity County, and the second largest was in Fresno county. State and federal funds account for 45 percent of the total funding for the 26 shelters responding to the CRB survey, and county, private and other funds account for the rest (see Chart 3).

Chart 3
Funding Sources for Domestic Violence Shelters
Spring 2002



Source: California Research Bureau, 2002.

There is considerable variation among funding sources for shelters. One of the responding shelters is completely supported by private funds ($2,686,658), and does not receive any public funding, and another receives federal but no state funding. Since private grants and donations account for the single largest source of financial support for domestic violence shelters, variations in ability to raise outside funds are clearly critical to operations. This helps to explain the intense focus of shelters on grant writing, and suggests the amount of administrative effort that must be consumed in accounting for multiple sources of funding and expenditures. In addition, this unstable funding environment can be stressful on staff, and makes it difficult to engage in long-range planning.

There is also considerable variation in federal and state funding to individual shelters and programs, above and beyond what a standard funding formula based on population, for example, would produce (see Chart 3). A shelter in Trinity County was the single largest recipient of federal and state funding for domestic violence services ($1,350,000 and $1,200,000 respectively) among survey respondents, and a shelter in Fresno was the second largest recipient ($1,152,813 in state funds and $104,783 in federal funds). These shelters included funds for additional, related programs such as child abuse, sexual assault, emergency housing, homeless assistance, research and referral and lending. Some shelters aggregated these funds into the funding information; others did not aggregate these funds into their reported funding information.

Outreach to Domestic Violence Victims

Domestic violence victims find out about shelters from a wide variety of sources, judging from our survey results. This data suggests the importance of multiple, broad community outreach efforts to reach domestic violence victims.

Table 3
Sources of Client Referrals to Domestic Violence Shelters
State FY 2000-2001
Ranked 1-15, with 1 as the Highest

Hotline	1
Walk-in	2
Law Enforcement	3
Other Social Services	4
Friend	5
TANF (public assistance)	6
Counseling	7
Poster/Card	8
Work	9
Newspaper	10
Hospital/Physician	11
School	12
TV/Radio	13
Women & Infants Program-WIC	14
Church	15

Source: California Research Bureau Survey, 2002.

Undocumented Domestic Violence Victims

Most shelters responding to the CRB survey do not ask about or track the legal status of their clients. Estimates of undocumented clients reported by shelter staff on the survey range from two percent to 35 percent. This variation is understandable, since shelter clientele are local, and composition varies considerably by location. Shelter staff report that a number of issues arise when serving the undocumented population. These include:

- Victims are fearful of the "system"
- Victims are fearful of reporting the abuser to law enforcement
- Victims are unwilling to jeopardize their immigration status by turning in a U.S. citizen husband/abuser
- Victims are afraid of being sent back to their country and having to leave their children with the batterer (who is often the legal resident)
- Victims are uncertain about how to secure proper documentation

- Victims fear threat of removal of children by abuser, including kidnapping to another country
- Victims are unaware of INS regulations (The Violence Against Women Act of 1994 allows women experiencing domestic violence to file their own immigration papers and receive work authorization and protection against deportation without their battering spouses' approval).
- Victims are concerned about their jobs should they report abuse
- Victims are concerned about child custody and other legal issues, and are ignorant of their rights
- Undocumented victims are unable to access legal services, housing, and other supportive social services and therefore cannot achieve self-sufficiency
- A significant percentage of undocumented victims do not speak English
- Many undocumented victims have no idea that help is available for them
- Shelter funding for undocumented clients is more difficult to secure

Physical and Mental Disabilities and Drug and Alcohol Issues

Very few shelters keep data about their clients' physical disabilities, but most report that relatively large numbers of clients have either mental health or drug and alcohol issues about 28 percent of the clients of the shelters keep this more detailed information. Of these, about three-quarters of the cases involve mental health issues.

Many domestic violence victims in shelters suffer from alcohol and drug addiction. At the same time, many of the patients in alcohol and drug abuse treatment programs suffer from partner violence. Information about alcohol and drug issues is limited to self-reported cases, as shelters do not directly ask clients about these issues. This information is collected if volunteered by the victim.

Shelter staff who were contacted for this study estimate that alcohol abuse by the aggressor is involved in more than 50-60 percent of their cases, and substance use by the victim is involved in at least 30 percent of the cases. Substance abuse can be a coping mechanism for dealing with the abuse as well as an instigating factor. Our findings are consistent with the National Crime Victimization Survey, which found that two-thirds of women nationwide reporting intimate victimization indicated that the offender was under the influence of alcohol and drugs.[24] Studies on alcoholism show a positive relationship between men's drinking and domestic violence across all ethnic and social classes.[25]

Of the 26 domestic violence shelters that responded to the CRB survey, 18 report that they are able to serve persons with disabilities, while eight report some limitations. The following comments made by shelter survey respondents elaborate on their limited ability to serve these special populations. The most common themes involve lack of wheel chair access to shelter buildings, and an inability to provide mental health and drug treatment

services, and limited services for the blind and deaf. Some of the other issues mentioned include:

- Persons with severe mental health and substance abuse issues are ineligible for the shelter but are assessed for counseling or referred to other agencies.
- There is limited staff to provide services to the deaf population.
- There are no ramps in the entryways for individuals using wheelchairs.
- Until 2001, the shelter was limited in its ability to help clients with drug/alcohol/mental health issues. It now offers drug testing and is able to handle the less severe cases of substance abuse. A psychiatrist comes to the facility weekly and works with clients with the more severe mental health issues (i.e. bi-polar, schizophrenia, depression, etc.) All clients are accepted at the outreach facility, regardless of substance abuse or mental health issues.
- The shelter building can only serve ambulatory persons. Other persons are referred to non-residential services and transitional housing.
- The shelter program does not have services or facilities for blind or deaf clients. Wheelchair/handicapped individuals would have difficulty with mobility in the shelter. The program provides counseling support, group support and referral programs for clients with alcohol, drug, and mental health needs.
- The shelter is not equipped to handle clients with drug and alcohol issues. In addition the shelter staff cannot accommodate clients with severe mental health issues.

Insurance

Although the majority of shelters do not keep track of information about their clients' health care insurance, they estimate the number of clients who have health care insurance to be around five to ten percent. Domestic violence shelters provide services regardless of their clients' health insurance coverage status.

Individuals Turned Away (not served) in State Fiscal Year 2000-2001

Of the 26 shelters responding to our survey, 11 shelters turned away 4,970 persons, five did not track this data and the rest indicated no one was turned away. Of the 11 shelters that turned people away, the reasons provided include:

- the shelter was full
- the applicant was not appropriate because of substance abuse or mental illness problems
- the applicant lived too close to the shelter
- the applicant was homeless but not a domestic violence victim.

Administrative Obstacles Encountered by Shelters

The CRB survey asked shelters whether they use computerized or manual-entry data collection systems. Many shelters report using both, although seven of the shelters use only manual data collection systems, and eight shelters are completely computerized. The administrative jumble that this mix suggests probably contributes to the frustration expressed in the following comments.

A number of domestic violence shelters report significant problems resulting from the duplication of having two different state agencies (DHS and OCJP, as discussed in previous section) administering two separate domestic violence shelter grant processes. Shelters must write two separate grants, create two separate reporting systems, and devote a significant amount of their limited staff resources to time-consuming and redundant activities. A secondary theme concerns overly prescriptive micro-management by the granting agencies.

The relevant comments are:

- "There is a big focus placed on [the] types of paperwork used in client files, specific staff training (no flexibility on who can provide training or what type of training), who is to provide the specific service to the client, how often and for how long, and the database entries."
- Funds for direct service are siphoned off to fund studies, evaluations and training and technical assistance grants, which provide little assistance to the agencies and none to the victim and her children. Constant re-application is unnecessary--if the agency is doing what is required as verified by monitoring, therefore reduces the paperwork. Three grantees count the same client three different ways (new, former, on-going) in the same quarter of the year, and their fiscal years differ so reporting is complex and requires 200-300 hours per year.
- "Statistical data collection has unworkable collection programs, which either overstate numbers or are not suitable for all of our mandated programs."
- "The grant-writing process for funding is definitely cumbersome, time-consuming, and redundant. Our agency can't afford to hire a grant-writer. Therefore staff must do all work, while at the same time continuing to provide quality services to our clients. The hours required to read, research requested information, prepare narratives, and edit the finished product are especially burdensome to a small agency where each staff member has multiple job duties. The many hours taken away from regular, necessary duties puts a tremendous strain on personnel and the agency. Much of the information requested in grants is redundant. The same or very similar questions are asked in more than one part of the grant. Also, with the pressure to "do everything exactly right" so your application will be accepted, filling out forms in "only the space provided" can be a very cumbersome process."
- "Data collection is necessary, but we need an efficient computer program to accomplish this. Our agency has sent staff to all available training in the use of

the STAR system (and previously to the SIS trainings). Nevertheless, the STAR system has many areas in which it does not count the data correctly. This causes us to resort to hand counting. Once the data is entered into the computer, a very time consuming process, we should be able to print out the required progress reports with minimum impact on staff time."

- "Establish "Best Practices" and reduce/simplify application process for agencies that comply and have good track records. Establish standardized data collection requirements. (DHS – OCJP, etc.)."
- There is a lack of sufficient data collection on lesbian, gay, bisexual, and transgender domestic violence cases. There is difficulty securing statistical and accurate data reflecting a population that is often invisible and hesitant to disclose sexual orientation, gender identity, and the full extent of domestic violence due to fear of prejudice and discrimination.
- "The reporting for our two main funding sources, OCJP and DHS, is duplicative, redundant, and at times unnecessary. Although there already has been some improvement, more could be done. However, the statistical information for these two agencies is almost exactly the same. It's extremely similar, yet with very small differences that don't seem to add any value to the reports: differences such as formatting. At the same time, OCJP requires that we send a narrative every three months. The questions are always the same and [yet they] expect it to be different every time. There is only so much we can do during three months. The 'barriers/obstacles to our work,' for example, do not change every three months. In addition, both agencies require that they receive three copies of each report for every reporting period. Meaning, to OCJP we end up sending three copies of OCJP and three copies of DHS [and vice versa]. Is this really necessary? Our agency is extremely grateful for the support both OCJP and DHS have provided to our work. As the Grant Administrator, however, I believe the reporting process could be very much improved."
- "Department of Health Services, Maternal and Child Health, Domestic Violence Section does not allow monthly billing. This can aggravate the cash flow problem agencies like ours [has]. Major funders (DHS & OCJP) collect different data for different time periods. Intake and data collection forms are cumbersome for clients. Application for and allocation of funds by state agencies are not consistent. Recent processes have been difficult to understand. DHS and OCJP need to provide noncompetitive continual funding with additional funds available for new programs."
- "OCJP & DHS reporting is redundant and duplicative, although recently they have made an effort to address the matter."
- "The state is not flexible in allowing us to use our database to collect information, instead we are having to do double entries into their database and ours."
- [Examples of duplication] "Audit. Separate reports using the same data. Monitoring visits."
- There is duplication of effort by both agencies; the reports/Request for proposals (RFPS) are cumbersome. Each state agency requires a different RFP process.

Each agency requires data collection of same client but broken down differently, i.e.-OCJP wants children ages 2-7 while DHS wants children ages 3-8. The DHS grant process calls for the preparation of a 30-40-page document including answers to questions that are largely academic and have no bearing on services provided. Both agencies require the same 13 objectives but neither provides enough money to fully pay for all of them. We are reporting on 13 objectives to two agencies using different formats and different data requests on different time schedules, although neither [agency] fully funds these.

- "There are at least two separate state funding sources: Department of Health Services and Office of Criminal Justice Programs. We provide different statistics for each funding source. We are on different funding cycles, which make it extremely difficult when compiling data. Funding should be non-competitive, because established programs should be given priority. The RFP process is duplicative for the two sources and the state mandate could provide funding for five years rather than three."
- "OCJP & DHS could work collaboratively to reduce administrative processes for agencies i.e.: RFP/RFA process, reporting process."
- "DHS and OCJP reports are similar, but not so similar that the same report can be used twice. The forms need to include space where we can indicate whether the report is for DHS or OCJP so that they can be readily identified by our staff. The space for reporting period can be used only for pre-selected dates; this becomes a problem when those dates are not updated on the website; e.g., our current OCJP report is for October 1 thru March 31, and we are unable to insert those specific dates into the desired box on the report."
- "Consistency among state departments funding DV projects; transition from regular RFP to stable funding and Request for Application (RFA)."
- "Statistics we are required to track are duplicated among various reports. For instance Table 10 of the DHS report and Attachment 4 of the OCJP-DV progress report ask for the same information, it's just reported differently for each table. Monitoring by separate agencies encompasses [the] same services, but uses different criteria, documentation & service definitions. Create one office of "Violence against women and children" and cut the duplication of OCJP and DHS administrative staff. One audit should work for one program with two funders, reducing state expenses and putting the money for needed services."

Obstacles Associated with the Legal System

Domestic violence shelters responding to the survey report a number of obstacles to providing services that are related to law enforcement practices. These include lack of police officer training, officer prejudice, insufficient knowledge about new laws related to domestic violence, and failure to enforce temporary restraining orders.

Misunderstanding by law enforcement officers about domestic violence issues, such as who is the aggressor, and cultural insensitivity across a range of situations, including abuse in gay and lesbian relationships, are specific problems noted by shelters. Shelters

also report that most law enforcement officials do not understand the full range of shelter services, and that funding for liaison domestic violence officers has been cut in some areas.

There are also problems/obstacles associated with legal services for domestic violence victims, and the courts. One responding shelter notes that:

> Domestic violence victims encounter many legal problems (especially with the power and control dynamics in their relationships). There are nowhere near enough competent attorneys willing to work pro bono. Legal aid is not sufficient, the quality is poor, and clients do not qualify if they have any income (which is what we strive to help them accomplish).

Another shelter reports that the courts fail to grant fee waivers to their clients, and do not provide court interpreters in civil hearings. These barriers make it difficult for poor and non-English-speaking abused women to gain a full hearing in court. In addition, some victims are afraid to testify and make poor witnesses.

Obstacles Associated with Social Services

A number of shelters report obstacles related to language barriers, particularly with Spanish-speaking clients (although a shelter in Fresno notes that 150 languages are spoken in the area, and it is impossible to fully accommodate that diversity). There are insufficient bilingual staff in shelters and in the agencies to which the shelters refer their clients for services.

Shelters also point to insufficient childcare, lack of affordable housing, limited employment opportunities, and insufficient mental health and drug and alcohol services for their clients. The following comment about the need for drug and alcohol treatment is particularly informative:

> It is a fact that women trying to survive the nightmare of domestic violence sometimes use drugs and/or alcohol to cope. It is unfair that this restricts their access to the help that [the shelter] could provide. Women who are actively abusing drugs and/or alcohol are choosing to return to or stay in abusive relationships because they cannot stay in our shelter. The lack of access to a detoxification facility…is a significant barrier to providing services to these women. The fact that the two 30-day drug and alcohol rehabilitation facilities in this county each have waiting lists is a barrier to helping these women and their children. Even if a woman could get into the local alcohol and drug rehabilitation facility, she could not take her children with her. She may have to choose to leave her children with the batterer. Unfair as this may be for women, it is tragic for their children. A possible solution would be a 30-day emergency shelter for children of domestic violence whose mothers are identified with drug and alcohol abuses in need of the 30-day rehabilitation programs. The children would have a safe place to stay while their mother attends the inpatient rehabilitation program.

> Upon completion of her program, she could enter the shelter and be reunited with her children. Child Welfare Services, Social Services, Mental Health, Drug Court and all necessary agencies could work together on case management for her transition to sobriety and self-sufficiency.

Several shelters mention problems in their relationships with Child Protective Services, including failure to follow up on cases.

Lack of public transportation is highlighted as a problem by a number of shelters, particularly in rural areas, as it affects the ability of abused women to move to a safe and stable location and to access needed services.

Findings From Domestic Violence Programs Responding to the CRB Survey

Domestic violence programs are usually part of a non-profit agency, a community-based organization that provides services to different populations, including survivors of domestic violence. These community-based organizations offer a variety of social services to domestic violence victims, including: 24-hour emergency response, support groups with free child care, and advocacy with social service agencies and the legal and judicial systems. Programs supply food, clothing, and other essential supplies and assist in locating low-cost housing. Many programs also provide general outpatient mental health clinic services.

Most of these organizations do not keep separate data for individuals exposed to domestic violence. Some programs provided data only for the domestic violence shelter component of their program, others for the total population served by the organization, and others apportioned services to domestic violence victims regardless of the type of service. Although we attempted to clarify some of the data, we were unable to get the information.

Clients

The 11 Domestic Violence programs that returned the CRB survey served 15,54 domestic violence victims in State Fiscal Year 2000-2001. The ethnicity breakdown was:

White (Non-Hispanic)	45%
Hispanic	28%
African American	13%
Asian	12%
Other	2%

Undocumented Status

Most of the programs do not ask about nor track their clients' legal status. Estimates of undocumented clients ranged from five to ten percent, although one program reported that 50 percent of its clients are undocumented. Location makes the difference, as almost

all of the clients of this one program are Asian. As with the shelters, program staff contends that undocumented domestic violence victims are often reluctant to seek services for fear of losing their children and/or being deported, or because of language difficulties. Until 1994, women were dependent upon their spouses to gain legal status. Spouses knew this and often procrastinated in submitting all the paperwork to obtain their wives' legal status. The Violence Against Women Act (VAWA) of 1994 included a provision allowing women married to U.S. citizens or permanent residents to file their own immigration papers and receive work authorization and protection against deportation.

Physical and Mental Disabilities

Of the eight programs that responded to this question, three are able to serve all persons with disabilities and five offer limited services for reasons described in the following comments:

- Some facilities are not accessible
- Can only serve blind, not deaf
- Do not have enough staff
- Clients must be able to come to our location on their own
- Do not have an interpreter for deaf people

Some programs provide services to clients with mental health and substance abuse issues. In general, they provide the services themselves and do not contract out.

Funding

Most of these organizations received their funding from private grants and foundations, fundraising activities and contributions. In State FY 2000-2001, 72 percent of the funding was provided by private sources, 26 percent by the state, and the rest by the federal government. Federal funding generally was applied to related programs such as assistance for sexual assault and rape, homeless assistance, and child and elder abuse. All of the state funding went to two programs: ($1,242,550 to a program in Los Angeles, and $26,500 to a program in Sonora). None of the other responding programs received any state funding. Total funding reported by the 12 programs was $9,619,193.

These programs rely greatly on volunteers. For example, Grace Center in Southern California operates with approximately 75 volunteers who assist in all aspects of the program. Volunteers are recruited from college campuses and local organizations, and are provided with 20-40 hours of training, depending upon their responsibilities.

Most domestic violence victims find out about the programs through media campaigns and the hotline, or are referred by law enforcement, schools, TANF and WIC (public assistance programs), physicians, churches, friends, colleagues at work, and counseling programs.

Insurance

The majority of programs do not keep track of how many of their clients have health care insurance. Some estimate the number to be around five to ten percent. They provide services regardless of a client's insurance status.

Obstacles in Providing Services

All of the programs that responded to the CRB survey mentioned obstacles; most relate to staff and funding shortages that limit the services they can provide. They also listed cultural insensitivity by law enforcement, insufficient bilingual court interpreters, and poor public transportation, especially in rural areas.

Domestic violence programs in some counties are unable to serve and get reimbursed for services provided to the CalWORKs population. Counties receive a lump sum allocation from the state for a variety of CalWORKs services, including domestic violence services. Counties then have the discretion to provide for these services. Department of Social Services regulations prescribe a separate line item allocation for substance and mental health services but not for domestic violence services. The result appears to be an uneven provision of domestic violence services to CalWORKs clients.

Domestic violence programs are also unable to receive Department of Health Services and Office of Criminal Justice Planning funds because they do not meet the private room criteria for private shelter facilities for domestic violence victims. They generally offer homeless-type of shelter, which does not provide for much privacy.

What is needed to improve services (besides funding)?

- More respect by the greater community and recognition of the need for advocates
- Better media information about local programs, improved community education/outreach, and greater public awareness about domestic violence
- More legal help for victims in family courts
- Bilingual recruitment into counseling field
- More bilingual court interpreters
- More staff, including case managers for unsophisticated clients
- Access to technology (computers, cell phones, etc.) and more administrative resources to track and analyze data
- County workshops for both aggressors and victims
- More accountability by batterers
- Counseling for children
- Improved responsiveness from the DA's office
- Better public transportation
- More shelter space and housing for victim

DOMESTIC VIOLENCE DATA FROM HEALTH CARE PROVIDERS

DATA COLLECTION REQUIREMENTS

In California, health practitioners are required by Penal Code section 11160 to report to the police if they provide medical services to a patient who they reasonably suspect is suffering a physical injury that was caused by a firearm or by "assaultive or abusive conduct." "Assaultive or abusive conduct" includes a list of 24 criminal offenses, among which are murder, manslaughter, torture, battery, sexual battery, incest, assault with a deadly weapon, rape, spousal rape, abuse of spouse or cohabitant, and an attempt to commit any of these crimes.[26] Health care practitioners must report to police only when in the course of providing medical services they identify injuries related to domestic violence.

Some health care providers appear to be reluctant to bring up the subject of domestic violence to their patients. In 2000, Blue Shield of California conducted a retrospective three-year study of its own claims data (1997, 1998, 1999), looking at its female HMO members ages 18 to 64 to determine if victims of domestic violence could be identified through claims data using a set of proxy codes. The health plan conducted this study in response to public concerns that health plans might discriminate against victims of domestic violence. Blue Shield found that the data collected by its claims department was inadequate. A low number of cases were reported by its physicians and there was limited medical screening for domestic violence.[27] In the United States, the Family Violence Prevention Fund estimates that "only ten percent of primary care providers routinely screen for DV."[28] This limited screening significantly restricts the identification by health care providers of domestic violence cases. Lack of identification is due to many factors, including "lack of time and training on part of health care providers and lack of institutionalized support for such interventions."[29]

There does not appear to be separate medical or dental data tracking systems in California for domestic violence cases. We contacted a number of medical providers, including hospitals, physicians and dentists, and spoke to administrative staff. There is a general knowledge that medical personnel are required to screen for domestic violence, but staff were unable to describe or provide the protocols for screening domestic violence cases, and were unaware of any data that might be collected and maintained in-house about domestic violence prevalence. When a health care practitioner calls the police to report a physical injury related to domestic violence, that case becomes part of the law enforcement record.

California law (Business and Professions Code section 2089 (b) and Section 2736.1) requires health care professionals to meet specific licensure requirements relating to domestic violence, including documenting cases. The Division of Licensing of the Medical Board of California licenses and administers the continuing education requirements for physicians and surgeons.

Licensure Requirements for Health Care professionals in relation to Domestic Violence.[30]

1. Physicians, nurses, and mental health professionals seeking licensure must demonstrate that training in domestic violence detection and treatment has been completed.

2. Licensed clinics must establish and adopt written policies and procedures to screen patients for domestic violence. Policies must include procedures to:
    a. Identify, through routine screening, victims and perpetrators of abuse.
    b. *Document injuries and illnesses attributable to domestic violence in the medical record* (Italics added).
    c. Provide referrals for intervention.
    d. Designate staff responsible for implementation and intervention as for the clinics.

3. Hospitals are also required to have:
    a. Policies that address identification, documentation and intervention as for the clinics.
    b. In addition, hospitals must educate staff about criteria for identifying and procedures for handling domestic violence victims.
    c. Lastly, hospitals must advise domestic violence victims of available crisis intervention services.[31]

By law, injuries and illnesses attributable to domestic violence should be documented in the medical record of the patient. However, we found it very difficult to find evidence that this requirement is being met. We interviewed a number of people in hospital administration, the California Hospital Association, and the California Dental Association and did not receive any information about what is being done to document the injuries and illnesses attributable to domestic violence, nor examples of policies addressing identification, documentation and information.

There are some efforts underway to improve the response of the health care community to domestic violence. Medical providers are being encouraged and trained to document cases where they suspect abuse. Some counties have established health care protocols and training programs for health care providers to stress the importance of documenting domestic violence cases. Blue Shield, for example, is offering California businesses free domestic violence information and training to help employees respond to domestic violence issues. In the fall of 2002, Blue Shield of California will launch a new program targeting the front office staff of the health plan's network of physician's offices. This hour-long free course will supply resources and strategies for front office staff and allied health professionals to enhance the likelihood of a safe and effective response to victims of domestic violence.

The California Medical Training Center at the University of California, Davis Medical Center, provides training to physicians, nurses and other professionals such as law

enforcement, prosecutors and social workers to "effectively identify, evaluate and treat victims of child abuse and neglect, sexual assault, domestic violence, and elder and dependent adult abuse."[32]

The Family Violence Prevention Fund (FVPF), founded in 1980, is the country's leading nonprofit institution dedicated to preventing and reducing domestic violence. The FVPF has a program that "trains health care providers to recognize signs of abuse and to intervene effectively to help abused women." The FVPF has developed protocols, trained providers, and given technical assistance to 300 community health clinics in California. The Violence Prevention Program in the Department of Health Services in collaboration with the Family Violence Prevention Fund, are currently developing training programs for local medical clinical staff to screen and refer individuals for family violence-related services.

Kaiser Permanente has a Family Violence Prevention Project underway in its Richmond Medical Center, which it plans to expand to other Kaiser Permanente facilities. The purpose of the project is to reduce family violence, which Kaiser has identified as a major contributor to patient injuries and health care costs. The major components of the Kaiser project include:[33]

- *Create a supportive environment* by placing posters, fliers, and brochures in physicians' offices and clinics: "The project places a priority on creating a comfortable atmosphere where women will be more likely to tell their story and ask for help."

- *Training and screening*. Physicians are given additional training to help them spot, screen, and support at-risk patients. Nurses and clinical and clerical workers are also provided with training about what resources are available and how to make a referral for these services.

- *Provide on-site resources.* Patients identified as being in a domestic violence situation are referred to other on-site qualified staff. Staff in the social services department, for example, are able to assess the danger if the patient is at home, help the patient create a safety plan, and refer the patient to specialized domestic violence programs in the community.

- *Connect with community groups and educational classes.* The project has developed partnerships with other county health organizations and community support groups in order to refer patients to a broad range of resources, such as legal advice, help in getting restraining orders, transitional housing, safe shelters, and career counseling.[34]

According to Kaiser Permanente staff, the project has been a success: "The number of program referrals has tripled, so we know that doctors are asking more patients about domestic abuse. There's also been a significant increase in the number of women asking for services."[35]

Domestic Violence Documentation and Reporting

Limited documentation and coding of domestic violence by health care providers may be related to the reimbursement policies of health care insurers. According to the Family Violence Prevention Fund, "there is no procedure for domestic violence and [unless they substitute other codes] providers will not receive any reimbursement for services specifically addressing Domestic Violence (DV)."[36] Clinic Coding Guidelines recommend that domestic violence be coded as a primary diagnosis, but because of its low reimbursement value, domestic violence is often not coded at all or is changed to a diagnosis with higher reimbursement value. The Family Violence Prevention Fund asserts that incentives to screen for and document domestic violence abuse are inadequate if "providers are not reimbursed for time spent working with patients who are victims of DV."[37]

DHS WOMEN'S HEALTH SURVEY

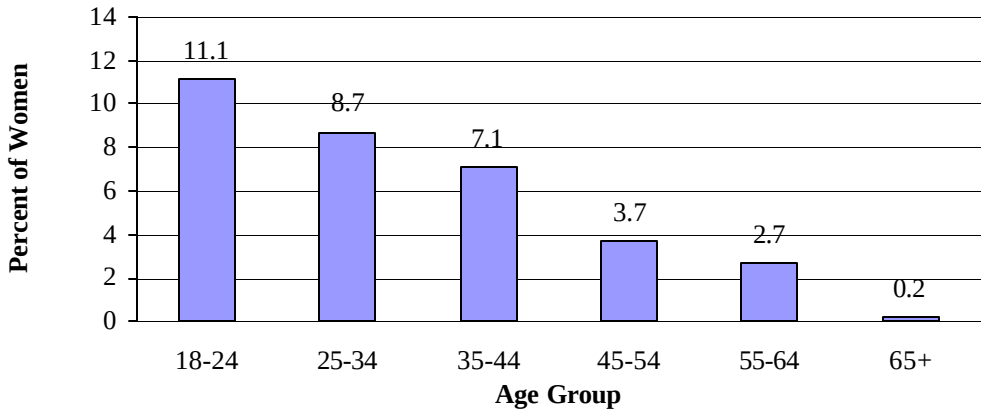
The California Department of Health Services (DHS) administers the California Women's Health Survey (CWHS), an important source of domestic violence prevalence data. Every year the Department, in collaboration with other state agencies, conducts a random, computer-assisted, telephone interview survey of approximately 4,000 California women ages 18 and older.

The purpose of the survey is to collect, analyze, and disseminate information to guide decisions regarding women's health policy. Among many other critical women's health questions, the survey includes questions about a woman's relationship with her intimate partner in the previous 12 months. Domestic violence, or Intimate Partner Physical Domestic Violence (IPP-DV), is defined as whether the respondent was "pushed, had objects thrown at her, was hit with an object, was slapped, kicked, hit, choked, beaten up, or was threatened with a gun or a knife by her intimate partner in the previous 12 months."[38] Key findings from the 1998 survey include:

- About six percent of California adult women (approximately 697,000 women) reported being victims of Intimate Partner Physical Domestic Violence (IPP-DV) in the previous 12 months.
- Only 11 percent of IPP-DV victims sought medical care for treatment of IPP-DV in the last 12 months. Of those that sought medical care, 94 percent sought help at a doctor's office, 76 percent sought help at an emergency room, 47 percent sought help at a mental health care facility, and 18 percent at a hospital (Percentages equal more than 100 percent because some DV victims seek medical care more than once in more than one location within a 12-month period).
- About 75 percent of IPP-DV victims have children under 18 at home. Younger women were more likely to report being victims than older women (see Chart 4).
- The Study found that women age 18-44 were more likely to experience both minor and severe violence compared to older women.

- Black women were more likely than white, Hispanic, or Asian/Pacific Islander/other women to experience both minor and severe IPPV. However, after adjusting for marital status, age, and education, the difference seen in race/ethnicity was no longer statistically significant.
- Women with annual household incomes of less than $15,000 were at increased risk for minor and severe IPPV compared to higher income women.[39]

Chart 4
Adult Female Victims of Intimate Partner Physical Domestic Violence (IPP-DV) in Previous 12 Months, by Age Group
California, 1998



Source: California Research Bureau with data from the Department of Health.

The California Women's Health Survey 2000

The 2000 California Women's Health Survey included additional questions on domestic violence issues. The following is additional DV-related information that was solicited from the respondents:

- Has a partner forced the respondent to have sex against her will in the past 12 months?
- Has a partner ever victimized the respondent?
- Has a partner ever forced the respondent to have sex against her will?

Preliminary analysis of the 2000 Women's Health Survey is limited to the 3,878 respondents who were willing to discuss couple relationships. The analysis focused on help-seeking behaviors by IPP-DV and sexual assault victims. Some of the major findings include:[40]

- Nearly one-third of women (31 percent) reported being physically or sexually abused by an intimate partner in their lifetime.

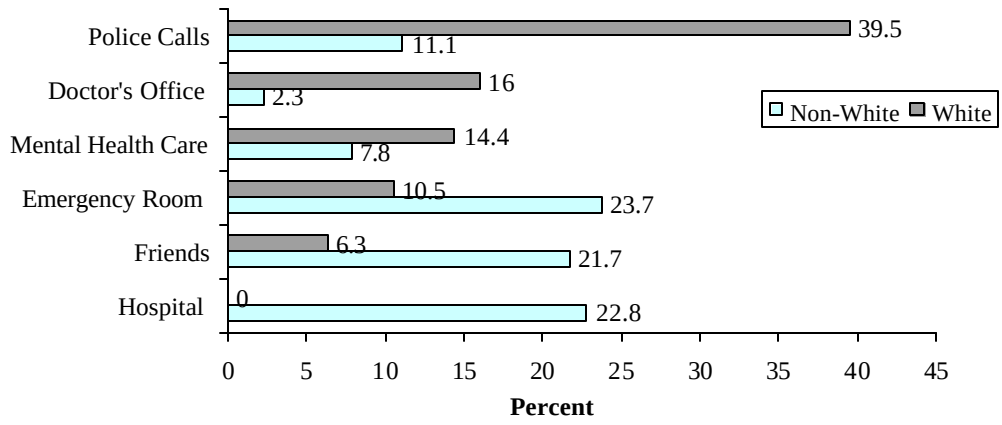
- Of respondents who responded to the domestic violence questions, six percent reported that in the previous 12 months their intimate partners either: threw objects at them, hit, kicked, pushed, slapped, choked, beat, forced them to have sex, or threatened/used a gun or a knife on them.
- 69 percent of the respondents stated that they had knowledge about domestic violence programs in their communities, but only 17 percent had sought help or medical care in the past 12 months.

The following are the characteristics of victims of domestic violence who did not seek help:

- About 20 percent of the U.S. born victims sought help compared with seven percent of the non-U.S. born victims.
- About 20 percent of the White victims sought help, compared with 12 percent of the non-White victims.
- Only 21 percent of the victims who had knowledge of community domestic violence programs reported that they sought help.
- About 29 percent of the victims neither sought help nor had knowledge about domestic violence programs in their communities.[41]

As Chart 5 illustrates, White women were much more likely to seek law enforcement assistance and regular medical help, while non-White women were more likely to seek help from friends and emergency medical assistance at a hospital.[42]

Chart 5
Help-Seeking Behaviors Among Female Domestic Violence Victims, California, 2000



Source: California Department of Health Services, Office of Women's Health.

KAISER PERMANENTE SURVEYS

Three sources of data from Kaiser Permanente Northern California are available on the prevalence of domestic violence, abuse, or family violence. The first source, the Kaiser Permanente Northern California Member Health Survey, estimates the prevalence of violence or abuse in Kaiser Permanente's Northern California membership. The second source, a telephone survey of Kaiser Permanente's, Richmond facility members, provides prevalence estimates of intimate partner abuse. The third source of data is 364 women who were members of Kaiser Permanente who were included in the 2000 DHS California Women's Health Survey. Results from each survey are described below.

Kaiser Permanente Northern California Member Health Survey

The Kaiser Permanente Northern California Member Health Survey is a mail-in questionnaire survey of a random sample of Kaiser Permanente's Northern California membership. The survey is performed every three years. Beginning in 1996, the survey began asking questions regarding family violence (see Table 4). The findings from the 1996 Kaiser survey are included in the table below. The results of the 2002 survey are not yet available, but will contain prevalence data on intimate partner violence.

Table 4
Findings from the 1996 Kaiser Survey

	Kaiser Permanente Northern California 1996	Kaiser Permanente Santa Clara 1996	Kaiser Permanente Richmond 1996
Physical or sexual abuse/assault that caused great stress in past 12 months	4.0 %	5.4 %	4.3 %
Trouble with personal or family relationship that caused great stress in past 12 months	38.2 %	40.2 %	35.9 %
Physical assault or abuse in lifetime	16.2 %	21.1 %	15.6 %

The prevalence estimates of family violence in Kaiser's Richmond and Santa Clara facility service populations are strikingly similar, even though the socioeconomic characteristics of the two cities are very different. Estimates from both facilities are also similar to those from Kaiser Permanente's total Northern California membership.

1998 and 1999 Telephone Survey of Kaiser Permanente Women Patients

As part of an evaluation of a domestic violence program at one Kaiser Permanente facility (Richmond, CA), a telephone survey was performed which asked members a number of questions, including their history of domestic violence. Women aged 18 through 60 years old who had recently had a routine visit to a clinician in either the internal medicine or obstetrics/gynecology departments were surveyed. Two random samples of members were contacted. (190 women in 1998 and 201 women in 1999). The 1
999 sample was taken after Kaiser enhanced its domestic violence awareness programs. Results of the survey are shown in Table 5.[43]

Table 5
Kaiser Permanente Telephone Survey
Richmond Women Members Seen for Routine GYN or Medical Checkup
Ages 18-60

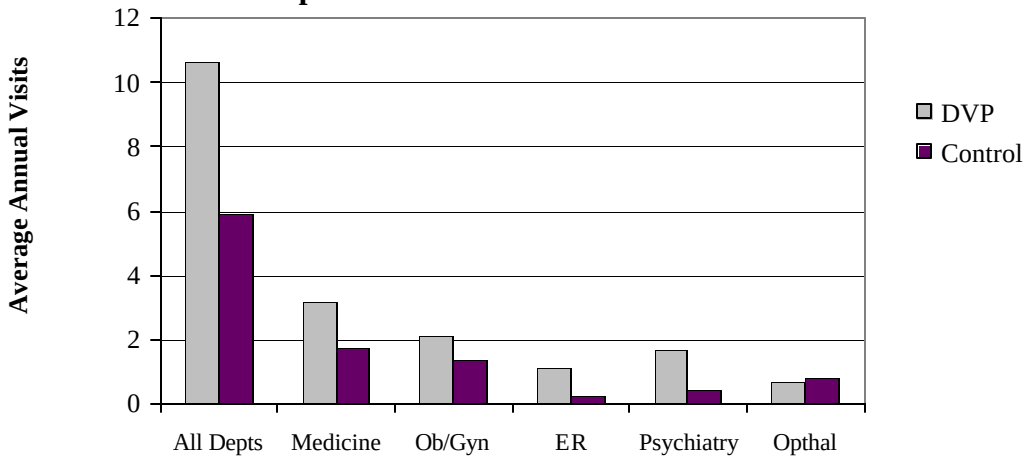
Responses of Female Members Surveyed by Telephone	1998 Before Intervention N=190	1999 After Intervention N=201
Domestic Violence in Previous 12 Months	5.0 %	8.5 %
Any Incidence of Domestic Violence	31.1 %	34.3 %

Source: California Research Bureau based on data provided by Kaiser Permanente, March 6, 2002.

Healthcare Costs Associated with Domestic Violence

Published national data indicates that an additional $1,775 (in 1994 dollars) are spent providing healthcare services to patients experiencing domestic violence, as compared to patients who are not.[44] Unpublished, preliminary 1999 data from Kaiser Permanente Northern California also shows increased utilization and costs. Chart 6 compares the annual visit rates of a group of Richmond Kaiser women members who were referred to a mental health clinician for further domestic violence services, matched to a control group of women. The control group averaged about five healthcare visits per year, while the group experiencing domestic violence averaged about ten healthcare visits per year, twice as much. In the medicine department, the control group averaged about one visit per year, while the group experiencing domestic violence averaged about three visits per year, three times as much. The higher utilization of healthcare services by patients experiencing domestic violence occurred across almost all Kaiser departments.

Chart 6
Kaiser Permanente Richmond Facility
Women Members Age 18 - 59
Comparisons of Annual Clinic Visits



Source: Kaiser Permenante.

INSTITUTE OF MEDICINE REPORT

At the request of Congress the Institute of Medicine and the National Research Council of the National Academies, established a multidisciplinary committee to examine the training needs of health professionals in order to respond appropriately to family violence.

The Institute was asked to review and synthesize available research on:

- The training needs of health care providers from the various disciplines that come into contact with family or acquaintance violence, including but not limited to physicians, nurses, and social workers, and the appropriateness with which providers are receiving training.
- Available curricula for screening, detecting, and referring family and intimate partner violence in health care delivery settings and the effectiveness of these curricula and training activities, as well as outcomes associated with these interventions.
- Existing efforts, coalitions, and initiatives intended to foster the knowledge and skills base of health care providers relating to family violence.

The Institute's findings specific to intimate partner violence are as follows:

- A high proportion of women who are murdered, 30 to 40 percent, are victims of intimate partner violence.

- Intimate partner violence appears to be a significant predictor of hospitalizations, general clinic use, mental health services use, and out-of-plan referrals.
- Of the few studies of intimate partner violence that address utilization patterns, the longest follow-up study to date examined automated hospital records for ten years prior to and eight years following identification in a group of 117 women who had injuries from intimate partner violence. The study found that these women experienced a 3.5-fold higher hospital care and admissions rate than women in a comparison group.
- A health maintenance organization study reported a 40 percent relative increase in health care utilization for victims of intimate partner violence.
- One study found that costs are $873 higher per year for a patient who experiences intimate partner violence.
- A study that looked at a managed care plan found that the overall cost to the plan was 1.9 times higher in the abused group, with treatment of each victim resulting in net costs that were $1,775 greater annually for comparison patients.
- Injuries and other health problems related to family violence often are not treated by health professionals. For example, only about one in ten women victimized by an intimate partner seek professional medical treatment.[45]

THE COMMONWEALTH FUND 1998 SURVEY OF WOMEN'S HEALTH

This national survey was conducted through telephone interviews with 2,850 women and 1,500 men from May through November 1998. The interviews provide researchers with information on access to care, health-related behaviors, health knowledge, depression, violence and a number of other health issues. The 1998 survey found disturbingly high rates of violence and abuse rates among women crossing income, ethnic, and geographic lines. Thirty-one percent of women reported domestic violence in their lifetime. Three million women in the United States or three percent reported domestic abuse during the past year.

A significant body of literature has found that family violence tends to be intergenerational.[46] The Commonwealth Fund survey found that, "Women with a history of childhood abuse were at greater risk of experiencing violence later in life. Nearly two-thirds (62 percent) of women reporting childhood abuse had experienced domestic violence as an adult, compared with only one-quarter of women without a history of childhood abuse."[47]

According to the Commonwealth Fund 1998 Survey of Women's Health findings, women who are under economic stress are at higher risk of domestic violence: "More than half (52 percent) of women who said they have 'a lot of trouble' paying for basic needs such as food, phone, gas, and electricity have been victims of domestic abuse. One-third (31 percent) of these women also indicated a history of child abuse."[48] The study also revealed that women with experiences of violence and abuse had significantly worse physical and mental health status across an array of indicators.

The study found gaps in physician counseling on violence and abuse, suggesting that physicians were missing opportunities to discuss such sensitive topics. In general, the survey found low rates of physician counseling across an array of topics related to women's health.[49]

DOMESTIC VIOLENCE DATA FROM LAW ENFORCEMENT

DATA COLLECTION REQUIREMENTS

Penal Code Section 13730 requires that each law enforcement agency develop a system for recording all domestic violence-related calls for assistance made to the department, including whether weapons are involved. This information is compiled monthly and submitted to the Attorney General's Office in the Department of Justice. The Attorney General in turn reports annually to the Governor, the Legislature, and the public the total number of domestic violence-related calls received by California law enforcement agencies and the number of cases involving weapons by law enforcement agency, city, and county.

Each law enforcement agency is required by law {Penal Code 13730 (c)} to complete an incident report that includes all of the following:

- A notation of whether the officer or officers who responded to the domestic violence call observed any signs that the alleged abuser was under the influence of alcohol or a controlled substance.
- A notation of whether the officer or officers who responded to the domestic violence call determined if any law enforcement agency had previously responded to a domestic violence call at the same address involving the same alleged abuser or victim.
- A notation of whether a firearm or other deadly weapon was present at the location. In addition any firearm or other deadly weapon discovered by an officer at the scene of a domestic violence incident shall be subject to confiscation pursuant to Section 12028.5 of the Penal Code.

Data Available

Currently most of the information available on domestic violence comes from the criminal justice system. The Department of Justice collects monthly data, using the Uniform Crime Reporting (UCR) Program, from city police departments, county sheriff offices, the California Highway Patrol, and other law enforcement agencies. Information on homicides is also collected, including the demographic characteristics of the victim, the relationship between the victim and perpetrator, and some characteristics of the perpetrator. The Department of Justice also maintains a database on adults who were arrested on any felony and convicted of spousal abuse (pursuant to California Penal Section 273.5). Based on the monthly information provided by law enforcement agencies to the Department of Justice, the Department reported 196,880 incidents of domestic violence in calendar year 2000. There were 51,225 arrests for spousal abuse (pursuant to California Penal Section 273.5) and 12,132 convictions.

There are limitations to this data.[50]

- A recent RAND report points out the limitations in domestic violence arrest data, which are related to: the willingness of victims or others to report these incidents to police, and
- Police behavior once the police receive a report of the incident.[51]

Incidence of Domestic Violence Reported to Law Enforcement

Table 6 **Incidence of Domestic Violence in California Reported to Law Enforcement In Calendar Year 2000**	
DV calls to law enforcement for assistance	196,880
Arrests for spousal abuse per Penal Code Section 273.5	51,225 (41,885 men and 9,340 women)
Homicides (DV as Precipitating Event)	147
Adult Felony Arrestees Convicted & Sentenced for Spousal Abuse (PC 273.5)	12,132
Prepared by the California Research Bureau of the California State Library, using data provided by the California Department of Justice.	

Arrests for Domestic Abuse

The spousal abuse arrests increased from 1988 to 2000. The year with the most arrests was in 1995, with a high of 60,279. The number of females arrested has increased significantly from 1994. One reason may be a change in arrest practices, so that both people in a couple are arrested when an officer cannot determine who is at fault, although state law discourages this practice. The Department of Justice did not have any reason for the increase in female arrests.

Table 7
Domestic Violence Arrests, 1988-2000 Number and Percent of Arrests by Gender

Year	Number (Male)	Percent (Male)	Number (Female)	Percent (Female)	Total
1988	29,982	94.0	1,904	6.0	31,886
1989	35,786	93.7	2,414	6.3	38,200
1990	40,905	93.5	2,855	6.5	43,760
1991	42,318	92.6	3,359	7.4	45,677
1992	45,349	91.5	4,198	8.5	49,547
1993	46,063	90.4	4,919	9.6	50,982
1994	50,473	88.7	6,446	11.3	56,919
1995	52,394	86.9	7,885	13.1	60,279
1996	51,219	85.6	8,609	14.4	59,828
1997	53,778	84.5	9,858	15.5	63,636
1998	47,519	83.5	9,373	16.5	56,892
1999	43,104	82.7	9,024	17.3	52,128
2000	41,885	81.8	9,340	18.2	51,225

1989 and 1991 data do not include arrests for San Bernardino PD, which were not reported.
1995 data does not include arrests for Oakland PD or Bakersfield PD, which were not reported.
Prepared by the California Research Bureau of the California State Library With data from the California Department of Justice.

The data displayed in Table 8 indicates that the relative number of arrests for domestic violence has decreased for Blacks and Whites and increased for Hispanics and others. The Department of Justice is unsure of the reason for the increase in arrests for Hispanics and others. It is conceivable that the increase is strictly as a result of the proportionately larger population increase in the Hispanic population.

Table 8
Domestic Violence Arrests in California, 1988 & 1998
Number of Arrests and Rate per 100,000 Population by Race/Ethnic Group

	1988				**1998**				
Race/Ethnic Group	**Percent of Population**	**Number of arrests**	**Percent of total arrests**	**Rate**	**Percent of Population**	**Number of arrests**	**Percent of total arrests**	**Rate**	**Percent change in rate 1988-1998**
Total	**100.0**	**31,886**	**100.0**	**113.6**	**100.0**	**56,892**	**100.0**	**169.9**	**49.6**
White	58.6	13,009	40.8	78.2	51.5	19,516	34.3	113.1	44.6
Hispanic	24.8	10,490	32.9	148.9	29.9	23,075	40.6	230.2	54.6
Black	7.2	7,015	22.0	345.1	6.9	10,913	19.2	472.6	36.9
Other	9.4	1,372	4.3	51.2	11.7	3,388	6.0	86.5	68.9

Rates are based on annual population estimates provided by the Demographic Research Unit, California Department of Finance. Rates were calculated by dividing the number of arrests by the respective population, and then multiplied by 100,000. Percentages may not add to 100.0 due to independent rounding.
Source: Department of Justice.

From 1988 to 1998, the number of arrests and the rate per 100,000 population increased for all six age groups: juvenile, 18-24, 25-29, 30-39, 40-49, and over 50. Adults between the ages of 18-39 consist of 77.1 percent of the total domestic violence arrests in 1998.

Table 9
Domestic Violence Arrests in California, 1988 & 1998
Number of Arrests and Rate per 100,000 Population by Age Group

	1988				1998				
Age Group	**Percent of Population**	**Number of arrests**	**Percent of total arrests**	**Rate**	**Percent of Population**	**Number of arrests**	**Percent of total arrests**	**Rate**	**Percent change in rate 1988-1998**
Total	**100.0**	**31,886**	**100.0**	**113.6**	**100.0**	**56,892**	**100.0**	**169.9**	**49.6**
Juvenile	26.5	105	0.3	1.4	28.1	393	0.7	4.2	200.0
18-24	12.2	6,167	19.3	177.4	9.0	11,367	20.0	377.5	112.8
25-29	9.7	8,578	26.9	311.1	7.4	11,279	19.8	457.8	47.1
30-39	17.3	11,898	37.3	241.9	16.9	21,234	37.3	375.6	55.3
40-49	11.7	3,717	11.7	11.6	14.8	9,688	17.0	195.0	74.7
50+	22.5	1,421	4.5	22.3	23.8	2,931	5.2	36.7	64.6

Rates are based on annual population estimates provided by the Demographic Research Unit, California Department of Finance. Rates were calculated by dividing the number of arrests by the respective population, then multiplied by 100,000. Percentages may not add to 100.0 due to independent rounding.
Source: Department of Justice.

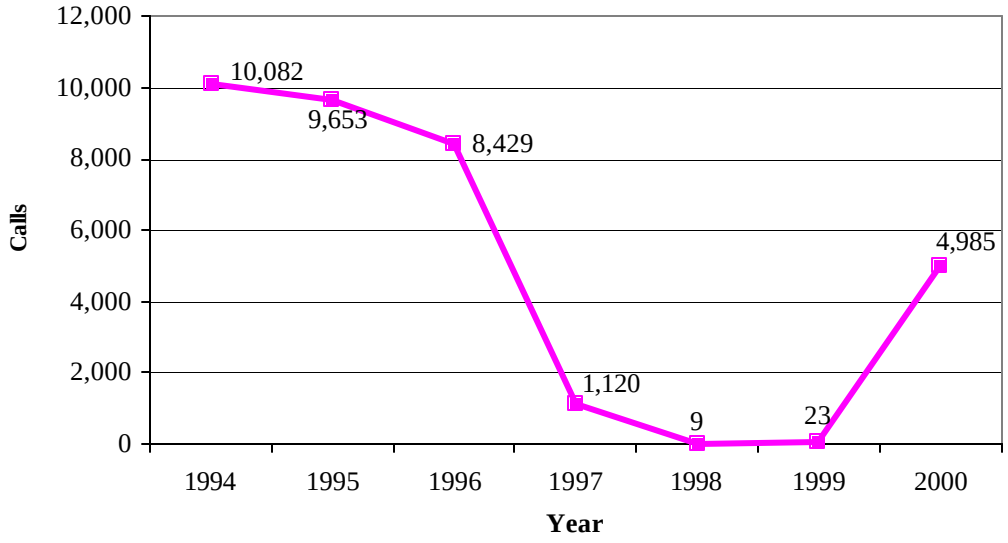
Accuracy of Data

There are a number of reasons that arrest data reported by law enforcement does not reflect a true picture of the prevalence of domestic violence. Domestic violence victims may not contact law enforcement authorities for fear of retaliation from their abusive partners, for fear of being reported to the immigration authorities, or to keep abuse as a private family matter.[52] Law enforcement agencies may not record all domestic violence calls. For example, a neighbor may call in a disturbance next door. When the police arrive at the scene, the couple may not admit that there was a domestic violence incident, so the call may not be logged appropriately. According to the Department of Justice, the definition of "domestic violence" is subject to varying interpretations by law enforcement agencies. The data also include cases that only resulted in a report being written by the responding law enforcement agencies, but not an arrest.[53]

In addition, law enforcement agencies may not keep accurate records, or may fail to send information to the Department of Justice. For example, the San Francisco Police Department reported 10,082 domestic violence calls in 1994, and 1,120 calls in 1997. In 1998 and 1999 San Francisco only reported 9 and 23 calls respectively to the Department of Justice. The decrease in reporting by San Francisco in 1998 and 1999 may account for most of the statewide decrease in domestic violence reported during that period of time (see Chart 7).

There were other jurisdictions that did not report data: for example in 1989 and 1991 San Bernardino police department did not report any data, and in 1995 Oakland police department and Bakersfield police department did not report any data to the Department of Justice.

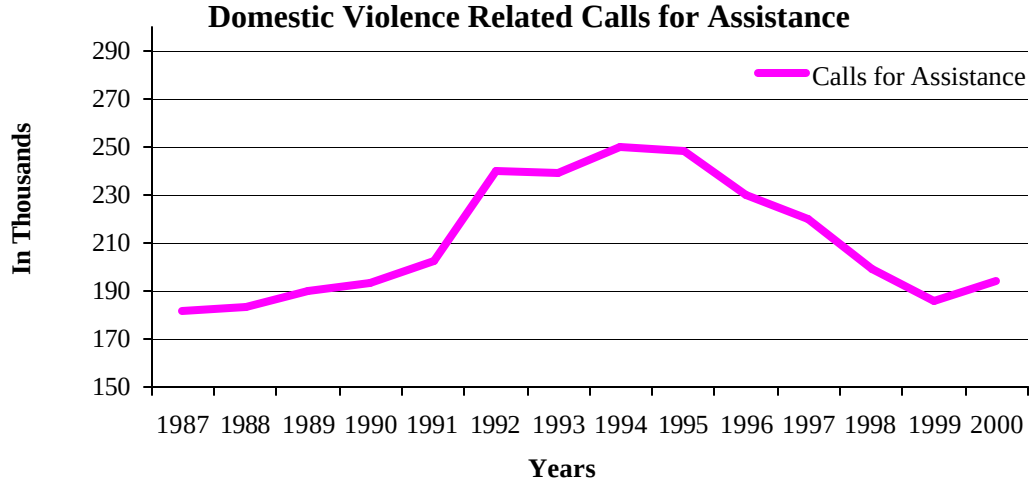
Chart 7
Domestic Violence-Related Calls, San Francisco 1994-2000



Prepared by the California Research Bureau with data from the Dept. of Justice.

The State Department of Justice is required to collect the data submitted by over 800 law enforcement agencies and not to verify the data for accuracy. When asked, Department of Justice staff stated that they do call law enforcement agencies that do not submit any data, but they do not always receive a response. We called the City of San Francisco law enforcement agencies but received no response to our calls about the large disparities in the data.

Chart 8
Statewide Totals
Domestic Violence Related Calls for Assistance



Source: Department of Justice Data.

According to the San Diego Violence Against Women project, "About one-half of domestic violence experienced by women is reported to law enforcement."[54] Our analysis, based on the number of domestic violence victims reported in the California Department of Health Women's Health Project, is that over two-thirds of domestic violence experienced by women in California is not reported to law enforcement.

Equally important, there are concerns about how well law enforcement agencies respond to calls for domestic violence assistance. Several shelters in the CRB survey noted their frustration in working with law enforcement agencies that do not respond adequately. Recently a Sonoma County jury awarded the family of a domestic violence victim $1 million for failure by the police to respond in an adequate and timely manner to the family's complaints. On June 18, 2002, Sonoma County officials agreed to "pay $1 million to settle a groundbreaking federal civil rights case that blamed the sheriff's department for not doing enough to stop a man from killing his wife after nearly a year of domestic-violence complaints."[55] The mother of the victim sued Sonoma County sheriffs' officials for "failing to act on repeated complaints against Macias' estranged husband, Avelino, who committed suicide after shooting his wife in April 1996."[56] This case has important implications for the way law enforcement responds to domestic violence complaints.

Homicides

There were 147 homicides in California in 2000, in which the precipitating event was domestic violence. As Table 10 shows, in 72 cases the wife was the victim and in 32 cases the girlfriend was the victim. The husband was the victim in 22 cases and in eight cases the boyfriend was the victim.

Table 10
Willful Homicide Crimes, 2000 Precipitating Event is Domestic Violence
Relationship of Victim

Total Homicides	Husband	Wife	Boy-friend	Girl-friend	Ex-Husband	Ex-Wife	Other Family	Other
147	22	72	8	32	1	0	4	8

Prepared by the California Research Bureau of the California State Library, using data provided by the California Department of Justice.

The problem with this data is that if the precipitating event is not considered domestic violence, than it may not be captured in these numbers. Reportedly there are cases in which the precipitating event is not identified as domestic violence at the outset, yet after further investigation a link to domestic violence is found.

SAN DIEGO COUNTY STUDY

At a women's health summit in 1995, the California Elected Women's Association for Education and Research (CEWAER) identified violence as a priority public health issue for women. CEWAER subsequently sponsored a study in San Diego County to evaluate the prevention and intervention services offered to female victims of violent crime, through a survey of service providers. At the time, there were six emergency shelters in San Diego County that served a population of 2.7 million people. Reports of domestic violence to law enforcement had risen 23 percent (28,518 in 1995). Shelters served over 2,000 clients in 1995 and had a capacity of about 200 beds.

When the survey was completed, experts were convened to discuss major gaps in services for domestic violence victims. In the process of trying to determine the gaps in services, they found that inadequate data existed to determine the areas in need. As discussed above, most agencies that provide services to abused women, such as the medical community, the criminal justice system, and shelters, compile different kinds of information for different purposes. There is no standardized reporting format or aggregate data collection. Most often the data is used to apply for funding. Agencies with limited resources prefer to serve the client and not expand resources on compiling data on the nature and scope of violence.[57]

Chapter 375, Statutes of 1996, authorized the San Diego Association of Governments (SANDAG) to serve as a clearinghouse for criminal justice data involving domestic violence in San Diego County. This legislation established specific requirements for collecting and developing data. Two distinct data sets were developed: clients admitted to battered women's shelters and reports to law enforcement.

San Diego Shelter Data

SANDAG created a standardized, uniform intake form for use in San Diego County's domestic violence shelters. The intake form was designed to standardize the compiling

of the information from all clients for all shelters in the county. SANDAG analyzed the data and prepared a report to the Legislature in March 2000, with the following findings.

Previous Shelter Stays. The majority of the women (93 percent) had not previously been to the specific shelter in which the interview took place. Two of the shelters did not admit a victim again within a one-year period. However 24 percent had gone to another women's shelter within the previous 12 months. Another 46 percent had gone to another type of shelter within the last year, mostly a homeless shelter.

Lodging Prior to Shelter. More than one-half of the women had come to the shelter from a place other than their own residence: 27 percent had been with a friend or relative, 17 percent came from another shelter, nine percent had stayed in a hotel, and less than two percent reported they had been in a hospital, a mental health facility or on the streets.

Type of Residence. Over 55 percent of the clients in the shelters reported their residence as an apartment or condominium, 33 percent lived in a mobile home or house, five percent lived in public housing, and two percent had no stable residence. The remainder had been in jail or in a drug treatment facility.

Children. 86 percent of the shelter clients had children under the age of 18, and three-quarters of those came to the shelter brought their children, a total of 936 children. Of the 156 women who had children under the age of 18 who did not accompany their mother to the shelter, 42 percent stayed with other relatives and 11 percent remained with the batterer, 26 percent were with another parent (who was not the batterer), and 12 percent were under the care of Children's Services Bureau, either in foster care or the Polinsky Center (a facility for youth whose parents are unable to care for them). The remaining nine percent were on their own, at another shelter, with friends, or with a babysitter.

Relationship to Batterer. Almost one-half (48 percent) of the clients reported being married to the batterer and 43 percent were either cohabiting or dating.

Table 11
Client And Batterer Characteristics an Diego County
Domestic Violence Shelters San Diego County, 1997-1998

Ethnicity	Client	Batterer
Hispanic	40%	39%
Caucasian	33%	30%
African American	19%	23%
Asian	3%	3%
Bi/Multi-Racial	3%	3%
Native American	3%	2%
Total	**595**	**592**
Educational Attainment		
Less Than 12 Years	34%	35%
High School Graduate/GED	25%	37%
College Classes/Vocational Training	41%	27%
Foreign Education	1%	1%
Total	**599**	**535**
Income Sources[1]		
Spouse/Partner	38%	8%
Welfare/SSI/AFDC	35%	13%
Work Full-Time	24%	56%
Other Sources[2]	10%	10%
Work Part-Time/Odd Jobs	17%	16%
Unknown Sources	0%	6%
Total	**599**	**599**
Annual Income		
Under $11,000	56%	35%
$11,000 To $20,999	17%	28%
$21,000 And Over	7%	33%
No Income	19%	3%
Total	**554**	**437**

1. Percentages Based Upon Multiple Responses.
2. Other Sources Include Borrowed Money, Inheritance, Relatives, Friends, Illegal Activity, And Other Legal Activity, Such As College Loans.
Prepared By The California Research Bureau, With Data From The San Diego Association Of Governments Report.

Age. The average age for shelter clients was 31.5, while the range of ages varied from 16 to 68.

Alcohol and Other Drug Use. Only seven percent of shelter clients reported that they use alcohol or drugs. It is possible that they were reluctant to report their own use

since shelters have a strict policy of not admitting clients if they use drugs. Clients reported substance abuse problems with 57 percent of the batterers, of which 88 percent used alcohol.[58]

San Diego Law Enforcement Survey Data

SANDAG obtained monthly crime statistics from all law enforcement agencies in San Diego County. (Law enforcement agencies were already required to develop a system for recording domestic violence-related calls for assistance, supported with a written incident report, and to compile monthly numbers, including the number of cases involving weapons). The 1997 San Diego Law enforcement tracking study found that a large number of children were present at the time of the domestic violence incident, and that weapons were almost always involved (in 98 percent of cases)."[59] In 88 percent of the cases the means was the hands of the suspect. Fifty percent of the victims and ten percent of the suspects were injured during the incident. Of these, 14 percent received immediate medical treatment.

Victim and Suspect Characteristics

As Table 12 shows, in 82 percent of the cases the female was the victim and in 18 percent they were the suspects. In comparison the male was the suspect in 82 percent of the cases and the victim in 18 percent of the cases. The ethnicity breakdown of victims and suspects was as follows:

Table 12
Victim And Suspect Characteristics
San Diego County Law Enforcement Agencies
San Diego County, 1996

	Victim	Suspects
Average Age (Years)	32.2	32.8
Gender		
Female	82%	18%
Male	18%	82%
Ethnicity		
Caucasian	55%	50%
Hispanic	27%	30%
Black	12%	15%
Asian	3%	3%
Other	2%	2%

Note: percentages may not equal 100 due to rounding and missing data.
Prepared by the California Research Bureau with data from SANDAG study.

Mutually combative situations. Penal Code 13701 discourages dual arrests. Responding officers are to attempt to determine who is the primary aggressor during the preliminary investigation. In seven percent of the cases in the San Diego study, the deputy or officer was unable to determine who was the aggressor, and the situation was classified as mutually combative.

Consumption of Alcohol and Other Drugs. Incident reports were not likely to mention whether or not substance abuse was apparent.

Children. Information on children was available in 64 percent of the cases.

In summary, the San Diego Law enforcement study found that important information was missing from crime reports: "Over 40 percent of the reports did not include information about victim pregnancy, substance abuse of either party, or presence of children. One-third or more of the cases did not document if there was a history of violence, the length of the relationship, or the existence of children within the relationship." A revised protocol was developed and signed by all San Diego law enforcement administrators, but problems with data collection continue in other counties.[60]

OTHER SOURCES OF DOMESTIC VIOLENCE DATA

YOUTH AUTHORITY AND CORRECTIONS DATA

California Youth Authority (CYA) does not maintain data on the prevalence of domestic violence in the households of youth authority wards. According to CYA counselors, wards are asked to fill out a form with some questions that ask about domestic violence in the household. Wards are often reluctant to provide this information at first. However, after several counseling sessions, they often volunteer this information. Counselors interviewed for this report estimate that up to 70 to 75 percent of the wards in their caseloads come from households in which there is domestic violence.

The Department of Corrections was unable to respond to our request for data on the number of inmates that are incarcerated due to domestic violence-related incidents. We also asked if the Department collects data on whether an inmate grew up in a home with domestic violence; the Department does not keep this data. However, other research suggests the incidence is quite high.

Little is known about the nature of the relationship between childhood experiences with violence in the home and juvenile delinquency or adult criminal behavior, although "research suggests that children who experience maltreatment have an increased risk both of arrest as a juvenile or adult and of committing a violent crime."[61] Since most of the women who seek help for domestic violence have children, the impact of family violence on the future development of their children is very significant: "…violent behavior against children in early years [links to] violent behavior by children in later years."[62]

HOSPITAL DATA DISCHARGES

The Office of Statewide Health Planning and Development keeps data on all hospital discharges in California. OSHPD's database provides information on the relationship between perpetrator and victim only when the person hospitalized has been assaulted by an intimate partner.[63] By 2004, OSHPD will also have discharge data on emergency room and ambulatory surgery center visits.

The Epidemiology and Prevention for Injury Control Branch (EPIC) of DHS analyses the data to identify injuries to females by their spouse or partner. For 1998, DHS's EPIC branch reported that 2,116 women over 12 years old were hospitalized due to violent injuries; 157 of these women reported that injuries were caused by their spouse or partner. For 2000, DHS reported 1,915 women over 12 years old were hospitalized due to violent injuries; 156 of these women reported that their spouse or partner caused the injuries.[64]

CORONER/MEDICAL EXAMINER REPORTS

County coroners or medical examiners investigate all injury deaths, but there is no statewide coroner reporting system in California. Information is available in each county

from the coroner's files. Some counties refer homicides by intimate partners to Women's Death Review Teams.

At the state level, the Office of Vital Records of the Department of Health Services collects data on deaths and other vital statistics. Although the Department prepares a number of reports on particular vital statistics topics, such as specific causes of death, it does not report on domestic violence deaths. Chapter 827 of 1991, authored by Assemblywoman Helen Thomson, requires that a certificate of death also include the following information:

- Disease or conditions leading directly to death and antecedent causes
- Operations.
- Accident and injuries.
- Whether the decedent was pregnant at the time of death, or within the year prior to the death, if known.

There is currently a project underway in the California Department of Health Services, Epidemiology and Prevention for Injury Control Branch that links the State Department of Justice homicide file, (which contains information on victims and circumstances of 34,584 homicides (from 1991 to 1999) investigated by law enforcement agencies with the DHS Vital Statistics Death file. Linking these two files will enable researchers to obtain additional information on the causes and circumstances of the homicides.[65]

VICTIM COMPENSATION PROGRAM

The Victim Compensation program (VCP) was established to "assist victims of crime by paying certain expenses incurred as a direct result of the crime." AB 535 (Brown), effective September 22, 1998, required the Victim Compensation Program to consider claims based on domestic violence. Funding for the VCP comes from the Restitution Fund, which derives its revenue primarily from court-ordered restitution fines from the State Penalty Fund (fines collected from violations of the state's criminal or traffic laws), and from federal Victims of Crime Act (VOCA) grants provided by the U.S. Office for Victims of Crime.

From July 1, 2001 to May 31, 2002, there were 16,463 VCP domestic violence claims filed, of which 14,533 were considered eligible for compensation for $21,647,311.85 in payments.

Table 13
Victim Compensation Program Number of DV Claimants
(July 01, 2001 to May 31, 2002)

	DV Claims
Total Claims Received	16,463
Eligible Claims	14,533
Denied Claims	453
Pending Eligibility	1,477
Primary Claimant/Victim	12,834
Primary Claimant/Female	9,898
Primary Claimant/Male	2,936
Derivative Claimant/Victim Total	3,629
Derivative Claimant/ Female	1,991
Derivative Claimant/Male	1,638

Source: California Research Bureau based on data provided by The Victim Compensation Program, July 2002.

There were 453 claims denied for the following reasons: claimants were not eligible for program benefits claimed or failed to provide documentation, were incarcerated, or on parole or probation. Claims cannot be paid until the claimants are out of prison, and have completed probation.

Table 14
Victim Compensation Program DV Claims Paid
(July 01, 2001 to May 31, 2002)

Category	DV Payments
Mental Health	$13,374,389.72
Medical Care	$2,040,187.57
Income Loss	$1,504,609.36
Rehabilitation	$1,545.72
Funeral/Burial	$673,625.62
Equipment	$41,987.63
Moving/Relocati	$3,542,614.32
Home Security	$58,386.04
Total	**$21,647,311.85**

Source: California Research Bureau based on data provided by The Victim Compensation Program, July 2002.

The Victim Compensation Program (VCP) was established to assist victims of crime by paying certain expenses incurred as a direct result of the crime. The VCP is the "payer of last resort," which means that all other sources of payment must be used before VCP will approve funds for crime related expenses.

The Victim Compensation Program reports that in FY 2001, the program experienced a 136 percent increase in domestic violence relocation payments from the previous year. It is not clear whether the increase was due to knowledge by more victims about the program, or whether there was an increase in the number of cases of domestic violence. Most of the payments made were for mental health treatment or counseling. The VCP pays for the installation or improvement of a home security system if it is deemed necessary to improve the security of the victim. The VCP also allows payment for loss of wages or income, funeral and/or burial expenses, and medical expenses.

DOMESTIC VIOLENCE COORDINATING COUNCILS

Domestic Violence Coordinating Councils have been established by Boards of Supervisors in counties that recognize that domestic violence is a serious problem in their community, and that a coordinated community response is needed to effectively combat it. Santa Clara County established the Santa Clara Domestic Violence Council in 1991.

The Santa Clara Council helped to establish a Police-Victim Relations Protocol and a Medical Protocol, each of which has significantly changed the ways in which professionals interface with domestic violence victims. The Council is nationally recognized as a model organization and has hosted a national conference bringing together leaders interested in starting councils in their own jurisdictions. It holds an annual conference on domestic violence issues.

VICTIM WITNESS ASSISTANCE CENTERS

There are 59 Victim Witness Assistance Centers that provided advocacy and direct services to 50,000 victims of crime in FY 2000-2001. The Centers are funded by a three-year non-competitive grant. They received $19,953,900 in FY 2,000-2001 from federal Violence Against Women Act funds, and State penalty assessments and the Victims of Crime Act funds. County Boards of Supervisors determine whether probation departments, district attorney offices, or community-based organizations can apply. There are 36 centers within district attorneys offices, one in a city attorney's office, 17 are located in probation departments, and five in community-based organizations.

The Victim Witness Assistance Program provides services in these areas:

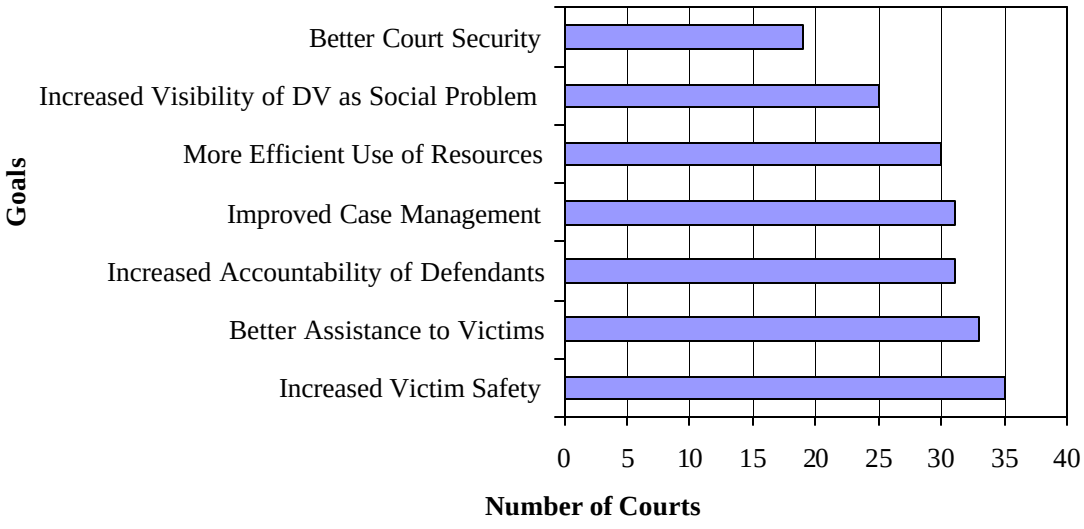
- Crisis intervention
- Emergency assistance
- Resource and referral counseling to agencies
- Direct counseling of the victim on problems resulting from the crime
- Assistance in the processing, filing, and verifying of claims
- Assistance in obtaining the return of a victim's property held as evidence
- Orientation to the criminal justice system
- Court escort

- Presentations to and training about criminal justice system agencies
- Monitoring appropriate court cases to keep victims and witnesses apprised of the progress and outcome of their case
- Assistance in obtaining restitution upon request of the victim.

DOMESTIC VIOLENCE COURTS

In 1999, the Judicial Council was charged by Section 6390 of the California Family Code to conduct a descriptive study of Domestic Violence Courts. The study provides information on what the "courts are doing to meet the challenge of domestic violence."[66] The study does not provide any statistics about domestic violence cases filed with the courts. At the time of the study, the state had 39 domestic violence courts in 31 of its 58 counties.[67] The study found that courts throughout the state have responded to the challenge of domestic violence cases in a variety of different ways, making it difficult to identify one model or definition of a Domestic Violence Court. The major feature that unifies Domestic Violence Courts is that they seek to enhance victim and child safety, provide assistance to victims, and ensure batterer accountability (see Chart 9).

Chart 9
Goals of Domestic Violence Courts



Source: Jurdical Council of California.

Chapter 192, Statutes of 2002, authored by Assemblywoman Rebecca Cohn, authorized the Superior Courts in San Diego County and Santa Clara counties, and in other counties willing to participate, to develop a demonstration project to identify the best practices in civil, juvenile, and criminal court cases involving domestic violence. The Judicial Council is going to collect the information and "may make recommendations available to any court or county."[68]

AMERICAN INDIAN WOMEN DOMESTIC VIOLENCE

The American Indian Women Domestic Violence Assistance Program currently provides federal funding for three service projects, located in San Diego, Sonora and Mendocino County. These projects are intended to meet the unique needs of the underserved Indian population by conducting outreach and counseling services, both on and off the reservation, in a culturally sensitive manner. The program has six mandated service components, including:

> community resource and referral, emergency food and clothing, emergency transportation, domestic violence counseling, emergency shelter placement, and information and assistance with temporary restraining orders.

The following information is available for the two projects funded in FY 2000/2001,

- Provided 393 referrals of women to community resources
- Provided 73 women and children with emergency food and clothing
- Provided 117 women and children with emergency transportation
- Provided counseling to 102 victims
- Provided shelter to 52 victims
- Provided 62 victims with information and assistance on Temporary Restraining Orders

CALWORKS AND DOMESTIC VIOLENCE

The 1996 federal welfare-reform bill placed a five-year lifetime limit on Temporary Assistance to Needy Families (TANF) cash aid for CalWORKs clients. For California residents, the clock started ticking in 1998. Statewide, it is expected that 106,000 persons will be dropped from the welfare rolls at the end of 2002.[69] The CalWORKs population includes domestic violence victims who represent a unique challenge as time limits approach, and they must find employment and retraining.

According to a "six county case study on CalWORKs clients with Alcohol and/or Drug and Mental Health issues," 85 percent of the CalWORKs clients in alcohol, drug and mental health programs are female; "A majority of these women are survivors of either childhood abuse or adult domestic violence."[70]

Individuals who are victims of domestic violence can continue to receive TANF aid beyond the 60 month limit, if the county determines that there is "good cause" to waive the 60 month limit. Domestic violence can be a reason for "good cause." The Department of Social Services does not have information regarding the number of counties that may already have regulations in place detailing the waiver provisions.

Studies have found that abuse increases the length of time a victim receives public assistance and number of times they return to welfare. Economic dependence itself is an

often-cited factor in why women remain in violent homes. Abusers often harass and injure their victims to the point that they miss work, hindering their job success. While women of all economic backgrounds experience domestic violence, the U.S. Department of Justice (DOJ) has reported a significant link between poverty and increased incidence of domestic violence. The DOJ reports that in 1992-93, "women with an annual family income of under $10,000 were more likely to report having experienced violence by an intimate than those with incomes over $10,000."

DOMESTIC VIOLENCE AND CHILDREN

In homes where there is domestic violence, there is usually also violence against children. "Children who witness domestic violence often manifest behavioral and emotional problems, poor academic performance, and delinquency."[71] Substance abuse often coexists in the homes where there is domestic violence. Children are therefore exposed to domestic violence, alcohol and drug abuse. One study of 9,500 HMO members found that 1,010 (1 in 9) persons reported that their mothers had experienced domestic violence. These persons also reported exposure to the following in their childhood:

- 59 percent reported exposure to substance abuse
- 38 percent reported exposure to mental illness
- 41 percent reported exposure to sexual abuse
- 34 percent reported exposure to psychological abuse
- 31 percent reported exposure to physical abuse.[72]

OPTIONS

IMPROVE THE EXISTING DATA COLLECTION SYSTEMS

The Office of Criminal Justice Planning or the Department of Health Services, both collect data on domestic violence prevalence in California, but neither presents a full picture. Effective public policy responses require a more comprehensive understanding. Perhaps an interagency data coordinating council, which could also include the Department of Justice and local governments, could be established to oversee improvements in domestic violence prevalence data collection. This would strengthen our understanding of the impact of domestic violence on a patient's health, and provide more accurate data on the prevalence of domestic violence on the general population.

- The Department of Health Services Women's Health Survey is possibly the best source of information available on the prevalence of domestic violence statewide. This survey could be expanded to ask other questions on family violence. For example, it might help in identifying an intergenerational family pattern of violence.
- Alternatively, a separate survey from the Women's Health Survey could be modeled after the National Department of Justice survey, which is more comprehensive and interviews both men and women. This would provide more information on family violence in general and patterns of violent behavior in relationships.
- The Legislature could encourage county Domestic Violence Councils to develop and administer surveys on a pilot basis. The survey might be regional, encompass more than one county, or for large individual counties like Los Angeles, San Diego, or San Francisco. The benefit of administering a survey at the local level is that it provides more specific information and it is easier to administer. It also might lead to improvements in services by identifying gaps.
- Strengthen law enforcement agencies reports on domestic violence prevalence. The Department of Justice could create a standardized format for statewide reporting and be given authority to sanction non-reporting agencies. The "decline" reported in statewide data for the late 1990's turns out to be an artifact of incomplete reporting, not a social trend as some commentators have suggested.

CENTRALIZE RESPONSIBILITY

- No single state agency is responsible for policy development and administration of resources for domestic violence programs and services. Domestic violence shelters receive funding and are overseen by both the Office of Criminal Justice Planning and the Department of Health Services. They have to submit different grant applications and different reports. This is time consuming and costly. One grant application could be created for both agencies' funding. Ideally, the programs and funding could be administered by one central agency. Other states have established an "Office of Domestic Violence" to provide consistent policy

direction and to streamline the administration and funding of domestic violence programs and services.

- Domestic violence programs in some counties are unable to be reimbursed for services they provide to the CalWORKs population. According to the Department of Social Services, funds for domestic violence services are provided through a lump sum allocation, unlike substance abuse and mental health services that receive a separate line item allocation. Counties have the discretion in lump sum allocation as to how and with whom to provide services for domestic violence. The Legislature may want to require that the allocation for domestic violence to counties also be a separate line item, as for substance abuse and mental health CalWORKs services.

HOLD INFORMATIONAL HEARINGS

- By law, injuries and illnesses attributable to domestic violence should be documented in the medical record of a patient. However we found it very difficult to find evidence that this requirement is being met. We interviewed a number of people in hospital administration, the California Hospital Association, and the California Dental Association and did not receive information about what is being done to document the injuries and illnesses attributable to domestic violence, nor documentation and information about the number of domestic violence patients. The Legislature may want to hold an informational hearing to find out what is being done by medical personnel to record injuries and illnesses of domestic violence patients and how the reporting system might be improved.
- There is limited documentation and coding of domestic violence by health care providers. This may be related to the reimbursement policies of health care insurers. According to the Family Violence Prevention Fund, "there is no procedure for domestic violence and [unless they substitute other codes] providers will not receive any reimbursement for services specifically addressing domestic violence."[73] Clinic coding guidelines recommend that domestic violence be coded as a primary diagnosis, but because of its low reimbursement value, domestic violence is often not coded at all or is changed to a diagnosis with higher reimbursement value. The Family Violence Prevention Fund asserts that incentives to screen for and document domestic violence abuse are inadequate if "providers are not reimbursed for time spent working with patients who are victims of domestic violence."[74] The Legislature may want to hold an informational hearing to find out if different reimbursement policies by health care insurers would increase the documentation and coding of domestic violence abuse.

APPENDIX A

DOMESTIC VIOLENCE SURVEY
(Information for state fiscal year 2000, unless otherwise stated)

1. What was the total annual budget amount for your shelter in state fiscal year 2000?

$_____

2. Please provide a breakdown of the amount by funding sources:

State $_____ Federal $ _____

Private $_____ County $ _____

Other $_____

Donations (such as household items, bedding, food, facilities) _____

Volunteer Time in hours per year _____

3. What county is your shelter/program located in? _____

4. What is the approximate population in the area you serve? _____

5. How did individuals find out about the shelter/program in state fiscal year 2000?

	Check if applicable	Please rank (1 the most)
Walk in[‡]	_____	_____
Hotline	_____	_____
Referrals:	_____	_____
Law enforcement	_____	_____
School	_____	_____
Temporary Assistance	_____	_____
For Needy Families (TANF)	_____	_____
Hospital & Physicians	_____	_____
Women, Infants, and Children	_____	_____
Church	_____	_____
Counseling	_____	_____
Friend	_____	_____
Work (Co-worker)	_____	_____
Television/radio/	_____	_____
Newspaper advertisement	_____	_____
Poster/handed a card	_____	_____
Other social services	_____	_____

[‡] To the business office.

6. Please estimate the ethnicity of the population you served in each category in state fiscal year 2000.

Caucasian	_____	African American	_____
Latino/Hispanic	_____	American Indian	_____
Asian	_____	Pacific Islander	_____

To the extent possible, please identify these other categories

Middle Eastern	_____	Vietnamese	_____
Russian/Ukrainian	_____	Hmong	_____

7. Please estimate the number of individuals served in state fiscal year 2000 who were undocumented. [§] **_____**

In your experience, what issues arise in trying to serve this population?

_____

_____

_____

_____

_____

[§] Although it is illegal to ask a person's residence status, we are trying to understand the needs of this population.

8. How many people sought Domestic Violence intervention services in your shelter/program in state fiscal years 1999 and 2000?

	State Fiscal Year 1999	State Fiscal Year 2000
Women (total)		
How many children (under 18) accompanied these women?		
How many women who have children under 18 did not bring the children with them?		
How many women have children, but the children do not live with them?		
(*Estimate how many of these women have disabilities)* Physical		
Deaf		
Blind		
Wheelchair		
Emotional/psychological (mental)		
Drug/alcohol		
Men (total)		
How many children *(under 18)* accompanied these men?		
(*Estimate how many of these men have disabilities)* Physical		
Deaf		
Blind		
Wheelchair		
Emotional/psychological (Mental)		
Drug/alcohol		
Seniors (62 and over)		
Gay/Lesbians		

9. Is your shelter/program able to serve persons with the disabilities mentioned in the above question? Yes _____ No _____ Some _____

If some or no, please explain: _____

10. How many of the services listed below did you provide to Domestic Violence Victims (either directly or through contract) in state fiscal year 2000?

Number of Services Provided in State Fiscal Year 2000			
Type of Service	**Number Services provided by the shelter**	**Number Services provided through contract**	**Unmet needs (Please estimate a number)**
Mental health services			
Substance abuse			
Counseling			
Housing			
Medical			
Court advocate			
Other (list)			

11. How many Domestic Violence victims seeking services were covered by health care insurance (in state fiscal year 2000)?

Private insurance _____

For how many was it the Victim's Insurance? _____

the Batterer's Insurance? _____

Medi-Cal _____

No insurance _____

12. Which services were you not able to provide in state fiscal year 2000 as a result of individuals not having insurance coverage?

Services That Clients Were Unable to Access Due to a Lack of Insurance Coverage (State Fiscal Year 2000)			
Type of Service	**Please Check if applicable**	**Number of Cases Unable to pay Co-payment**	**Number of Cases Where Services were not Provided**
Individual Counseling			
Family Counseling			
Mental Health Counseling			
Other			

13. Number of cases in state fiscal year 2000 where the abuse event involved the use of alcohol or drugs.

Cases Where Alcohol or Drugs Were Used by Domestic Violence Aggressor and/or Victim (state fiscal year 2000)				
Type of Drug	**Number of cases**	**Used by Aggressor**	**Used by Victim**	**Percent of total clients served**
Alcohol abuse				
Drug abuse				

14. How many individuals did you have to turn away (not serve) in state fiscal year 2000? _____

Please explain why: _____

15. What are some of the obstacles you encounter in providing services?

a. Law enforcement Yes _____ No _____
If yes, please explain_____

b. Other agencies Yes _____ No _____
If yes, please explain_____

c. Transportation Yes _____ No _____
If yes, please explain _____

d. Language barriers (limited English) Yes _____ No _____
Do you provide translation service? Yes _____ No _____

e. Other Obstacles Yes _____ No _____
Please explain _____

16. Name three things that would most improve the services provided at your shelter/program (please do not list funding and use another sheet of paper if you need more space).

_____

_____

17. How do you collect your data?

Manual _____ Computer _____

18. To secure and maintain state funding, are there specific administrative processes required by the state that are duplicative, redundant and/or unnecessarily cumbersome?

Please describe three processes below and describe your experience.

_____

_____

_____

_____

_____

_____

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